Colorado State Rural Health Plan

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Prepared by:

The Colorado Rural Health Center
3033 S. Parker Road, Suite 606
Aurora, CO 80014
www.coruralhealth.org

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The Federal Office of Rural Health Policy
5600 Fishers Lane
Rockville, MD

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Executive Summary

The Colorado Rural Health Center (CRHC) in its role as the state's grantee for the Medicare Rural Hospital Flexibility Program presents this plan to the Federal Office of Rural Health Policy (ORHP) as part of the state's overall strategy to support rural health.

This State Rural Health Plan (SRHP) serves as a guide to address issues in rural healthcare throughout the state of Colorado and to measure improvement in rural healthcare. It also serves as a response to the grant guidance from the ORHP requesting a revised state plan from Flex Program grantees. This SRHP includes measurable objectives that will be developed over the next five years.

The needs discussed in this report are significant and include healthcare economics, resource constraints, and need for advocacy. CRHC is involved in multiple collaborative partnerships and statewide efforts that offer exciting, promising and proven solutions for the rural healthcare challenges throughout our state. While the challenges are ominous, vast, and continually changing, CRHC is committed to keeping a pro-active pulse on the issues facing rural providers. CRHC's extensive partnership network enables access to resources to readily offer solutions to problems with direct support activities, program development and creative community solutions.

While CRHC developed the content of this SRHP with input from partner organizations and rural providers in Colorado, the content presented is the sole responsibility of CRHC and does not necessarily reflect the views of organizations or individuals referenced in this report.

The Colorado Rural Health Center

History of CRHC

The Colorado Rural Health Center was established in 1991 by members of the Colorado Rural Health Consortium with start-up support from the Federal Office of Rural Health Policy and several other public and private organizations around the state. CRHC was developed as a non-profit organization. The Colorado Rural Health Center remains a non-profit organization and is one of three non-profit offices of rural health in the country. All 50 states have offices of rural health. CRHC has a statewide constituency of over 3,500 people and organizations and also serves as the state's Rural Health Association.

CRHC Organizational Overview

The Colorado Rural Health Center (CRHC) is an independent, non-profit, membership-based organization that serves as the State Office of Rural Health and Rural Health Association for Colorado. It also serves as the state's grantee for the Medicare Rural Hospital Flexibility Program (Flex Program), the State Office of Rural Health (SORH) grant, as well as the Small Rural Hospital Improvement Program (SHIP) grant. CRHC is a diverse mix of people and programs located throughout the State of Colorado. The common thread is an interest in rural health – its delivery system, providers and people. The Colorado Rural Health Center administers programs and partners with many organizations to ensure rural communities have access to adequate healthcare services, emergency medical services are available, and healthcare delivery systems achieve financial stability.

CRHC advocates on behalf of the healthcare needs of rural Colorado. In order to assess the general landscape of rural health issues throughout the state, CRHC relies upon rural healthcare providers and consumers in helping shape CRHC policy and advocacy agenda. CRHC is considered to be the primary voice for rural residents of Colorado by tracking, analyzing, and influencing legislation and regulations that will impact the health of Colorado's rural communities.

CRHC Mission

The mission of CRHC is enhancing healthcare services by providing information, education, linkages, tools and energy toward addressing rural healthcare issues.

Information: CRHC is a clearinghouse of information and resources on rural health issues in Colorado and the country. This information is available to healthcare consumers, advocates, facilities, programs and services.

Education: CRHC sponsors a variety of educational events including workshops, meetings, conferences, conference calls and webinars, which provide education about rural healthcare. In addition to educating those who live in rural communities,

CRHC advocates for accessible, high quality healthcare services in rural Colorado by educating legislative decision-makers and keeping urban counterparts informed of current rural healthcare issues.

Linkages: Rural health issues can often be addressed by connecting federal and state, private and public resources with people and communities. CRHC identifies successful healthcare projects, activities and agencies, and links them together through formal and informal methods.

Tools: CRHC administers several grant programs and provides Rural Health Seed Grants for startup projects addressing rural health issues. Other tools include volunteers, grant dollars, resources from state, federal and private agencies, education, and networking.

CRHC Collaborative Partnerships

CRHC takes a lead role for rural health in Colorado and is primarily responsible for the development of the State Rural Health Plan. CRHC partners with multiple organizations and stakeholders in the state to increase efficiencies and capitalize on existing resources and projects. Through partnerships and collaborative efforts, CRHC ensures that rural healthcare concerns are visible and addressed at the local and statewide level. CRHC's major partnerships include, but not limited to:

- American Heart Association, Colorado Chapter
- Caring for Colorado
- Centers for Medicare & Medicaid (CMS)
- Centura Health
- Colorado Area Health Education Centers
- Colorado Children's Immunization Coalition
- Colorado Community Health Network
- Colorado Department of Public Health and Environment
- Colorado Family Resource Center
- Colorado Foundation for Medical Care
- Colorado Health Institute
- Colorado Hospital Association
- Colorado Medical Society
- Colorado Patient Safety Coalition
- Colorado Prevention Center
- Colorado Prevention Center
- Community Resource Center
- COPIC Companies
- Exempla St. Joseph Hospital
- Health Care Policy and Finance
- HealthONE
- HealthTeamWorks
- The Colorado Health Foundation
- The Colorado Trust

Rural Healthcare Overview

National Overview

The major focus of rural health policy has traditionally been on accessibility of health care services in rural areas. However, research has found other "determinants of health," including socioeconomic factors and personal behaviors, are also important in understanding and addressing the health status and well-being of selected populations. The Centers for Disease Control (CDC) issued a report entitled, *Health, United States 2001*[1], which set a precedent for documenting the disparities in health among urban and rural communities. The CDC report showed that rural areas, with their distinctly different demographic, social and economic characteristics, present a unique set of challenges that future disease prevention and health promotion programs will need to address.

The National Rural Health Association (NRHA) mirrors these findings in their advocacy work for rural healthcare providers. Rural America is a vital component of American society. Representing nearly 20 percent of the population, rural communities, like urban landscapes, are rich in cultural diversity. However, the smaller, poorer, and more isolated a rural community is, the more difficult it is to ensure the availability of high-quality health services. According to NRHA, "Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead a normal, healthy life." http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care.

Analysis of comprehensive data from the National Health Interview Survey (NHIS) and the Medical Expenditure Panel Survey (MEPS) shows that health status is generally worse among rural residents compared to urban residents.

Rural areas are vulnerable to workforce shortages, in part because small population size and scale often means that the loss of just one physician can have profound effects on a community's ability to ensure reasonable access to care. While the number of shortage areas has increased over the past 20 years, so have the issues of provider shortages in all areas, physicians, dentists and nursing professions.

Across the U.S., the number of hospitals and hospital beds has decreased over the last 20 years, reflecting a national trend toward shorter lengths of stay and

[1] 2008 R Report to the Secretary: Rural Health and Human Services Issues

movement of services to outpatient facilities. As of March 2013 there are a total number of 5,815 registered hospitals in the United States with 1,328 of those being Critical Access Hospitals.

Rural hospitals have struggled to remain financially viable. The median operating margin for U.S. CAHs is 0.75 according to the Critical Access Hospital 2012 Financial Leadership Summit. At one time all hospitals, both rural and urban, were paid under the Medicare Inpatient Prospective Payment System (IPPS), whereas many rural hospitals are now paid under a variety of alternative reimbursement methodologies that emerged to address rural hospital viability under IPPS methodology. The most significant of these methodologies is the Critical Access Hospital (CAH) status which provides cost-based Medicare reimbursement.

The CAH program has come under scrutiny over the past year as articles have emerged questioning the quality of care delivered at these hospitals as well as suggested reimbursement and funding cuts and modifications to CAH mileage criteria have been proposed. In response, there is more emphasis on CAHs submitting data measures to CMS Hospital Compare and more focus on initiatives such as ORHP's Medicare Beneficiary Quality Improvement Project (MBQIP) as a vehicle for CAHs to demonstrate their quality and commitment to patient safety and for Flex programs to demonstrate the benefits of the program.

Access to Emergency Medical Services (EMS) is also an important issue for rural communities given the realities of geographic isolation and travel time to care. Half of the nation's ambulance services provide care to the 75 percent of Medicare beneficiaries living in urban areas while the other half of services provide care to the 25 percent living in rural areas.

In 2007, the IOM published *The Future of Emergency Care in the United States Health System*. The report notes that while there have been some advances, such as broadened 911 coverage, there was an abrupt decline in Federal funding and leadership in the early 1980s. Since then, "the push to develop more organized systems of EMS delivery has diminished, and EMS systems have been left to develop haphazardly across the United States."

Colorado Rural Healthcare Overview

Over 73% of Colorado's geographic area is rural or frontier and almost one-sixth of the state's population lives in this area. Of Colorado's 64 counties, 24 are considered rural and 23 are considered frontier (a rural county having six or fewer people per square mile). All but six of Colorado's 64 counties are designated as Health Professional Shortage Areas (HPSAs), or Medically Underserved Areas (MUAs). Colorado's 47 rural and frontier counties tend to share certain characteristics including typically lower income populations, higher poverty, a higher percentage of elderly, a shortage of healthcare providers, decreased access to healthcare services, fewer insurance carriers, and increased insurance costs, among others.

According to the U.S. Census Bureau, in 2010, the total population for Colorado was 5,029,196. According to the latest data reports from Family USA, 13.8% of Coloradans are uninsured (compared to 16.7% nationally) and 13.7% of Colorado's children are uninsured (compared to 10.4% nationally).

According to Colorado public health data (Trust for America's Health), Colorado ranks 22nd in Health Professional Shortage areas for primary care, 35th for mental health shortage and 28th for dental care. Colorado ranks 15th in 2010 nursing shortage estimates.

Colorado: County Designations, 2013

The definition of rural and frontier varies depending on the project or policy. One commonly used definition is published by the Office of Management and Budget (OMB) using statistics from the US Census Bureau. The Colorado Rural Health Center generally assumes the OMB's definition by classifying counties that do not include a city of 50,000 people or more as rural, and classifying frontier counties as those counties with a population density less than or equal to six persons per square mile.

Colorado Healthcare Reform

As previously referenced, the IOM report, *Crossing the Quality Chasm*, urged a national commitment to transforming care delivery to bridge the gap between current sub-standard care and optimal, achievable care. Additionally, federal proposals brought forward through the Patient Protection and Affordable Care Act (PPACA) is emphasizing care quality over the traditional fee-for-service payment models. Initiatives such as Accountable Care Organizations (ACOs) are being piloted in this new healthcare climate to push providers to form networks to lower overall healthcare costs and improve care quality through increased care coordination and improved communication amongst providers with the incentive of sharing in the savings achieved in lowering costs through improved quality. Federal initiatives, such as ACOs are based on the concept of the Triple Aim whose 3 tenets are to: enhance the patient experience; improve the health of populations; and reduce/control the per capita cost of care. Colorado has recently taken significant steps towards addressing healthcare access and quality needs as this new healthcare environment is emerging.

The Center for Improving Value in Health Care (CIVHC) was established by Executive Order D00508 signed by Governor Bill Ritter on February 13, 2008, as part of the "Building Blocks to Health Care Reform" plan. CIVHC was created to establish an interdisciplinary, multi-stakeholder entity to identify and pursue

strategies for quality improvement and cost containment based on the three tenets of the Triple Aim. CIVHC incorporated as an independent 501(c) (3) non-profit organization in 2011 and has focused on three main initiatives:

- Increasing Transparency and Accountability
- Payment reform to encourage integrated care and care coordination
- Improving healthcare delivery systems

The Colorado Rural Health Care (CRHC) is an active participant in the CIVHC group and fully supports the current adopted principles and work to ensure rural providers are represented. Staff participate in several of the group's taskforces on Care Transitions which are focusing on identifying the numerous initiatives occurring throughout the state and sharing information and best practices gleaned from these initiatives.

In addition to CIVHC, many other initiatives are underway in Colorado as a result of the current healthcare landscape and proposed healthcare reform. Some of these initiatives include the Colorado Foundation for Medical Care's Care Transitions program and CMS Outpatient Data Reporting initiative; and the Hospital Engagement Networks and Project RED coordinated by the Colorado Hospital Association

Several of CRHC's current programs support the concepts promoted in the Triple Aim and are specifically geared towards rural hospitals and clinics. CRHC has begun work to engage entire communities to support workforce recruitment retention and supports the concepts of primary care redesign and medical home to address health needs in rural communities. Additionally, CRHC's Improving Communication and Readmission (iCARE) program (discussed later in this report) incorporates many of the same principles by looking to reduce avoidable readmissions, improve communication in transitions of care, and improve clinical processes.

For CRHC, the Triple Aim is especially relevant in the area of primary care concept design. The redesign of primary care services and structures includes:

- Establish a team design for basic services that can deliver at least 70% of the necessary medical and health-related social services to the population.
- Deliberately build an access platform for maximum flexibility to provide customized health care for the needs of patients, families, and providers.
- Cooperate and coordinate with other specialties, hospitals, and the community

As part of this redesign, in recent years, there has been push in Colorado and across the country for the "medical home" concept which emphasizes the role of primary care providers in following, tracking and guiding their patients in accessing preventative, primary, and specialty care. Medical home pilot programs claim to reduce medical errors and provide cost savings. While this concept shares the original goals of managed care models, medical homes are not necessarily financial models focused on managing risk.

CRHC continues to advocate for rural participation in medical home development and expansion in rural Colorado. Over the past year, Spanish Peaks Family Clinic was the first Rural Health Clinic in the nation to achieve the National Committee for Quality Assurance's (NCQA) Patient Centered Medical Home status. Three other rural clinics have since joined the ranks with many more considering this designation.

Colorado Rural Healthcare Needs and Opportunities

Colorado's rural communities face many of the same healthcare challenges as rural communities across the nation. What sets Colorado rural healthcare apart is the infrastructure and design of statewide activities, state regulations and reimbursement, and a spirit of collaboration amongst providers and stakeholder organizations. While the strengths in Colorado are plentiful, there are several multiple opportunities to improve the Colorado rural healthcare landscape.

SWOT analysis

Strengths

- Spirit of collaboration amongst Colorado providers
- Common performance improvement challenges
- Focused effort on quality and patient safety
- Local funding support (The Colorado Trust, The Colorado Health Foundation, Caring for Colorado, COPIC)
- Engaged and willing to participate in innovative solutions
- Coordinated effort of statewide initiatives to improve healthcare
- Infrastructure, leadership and collaborative nature of CRHC

Weaknesses

- State's geographic diversity (Western Slope, Mountainous, Eastern Plains)
- Competitive nature among some organizations
- Legislative regulations and misalignments (Medicaid in Colorado does not pay additional reimbursement for CAHs as do some other states)
- Economic challenges of small communities and economy
- Provider and professional education
- Provider recruitment and retention
- Administrative turnover
- Time constraints due to multiple job functions

- Multiple initiatives that pull resources

Opportunities

- Continued consolidation of performance and quality improvement efforts in a single effort for the state
- Interconnectivity of health information systems for data collection and extraction
- Community health models including medical homes
- Economic development for communities
- Partnership enhancement amongst support stakeholders
- Tele-medicine system development to address provider shortages
- Enhanced networks with urban partners to address gaps in care
- Streamline efficiencies using lean and six sigma methodologies to improve financial status and improve care
- Increase opportunities for local education of healthcare providers

Threats

- CMS Recovery Audit Contractors
- Inconsistent funding
- Competitiveness of partners undermine efforts
- Uninsured numbers in rural Colorado rising
- General healthcare system gaps
- Economic downturn
- Community-level challenges such as large employers leaving area

Overarching Challenges Being Addressed

Healthcare Economics – At the highest level, healthcare economics create significant challenges for small, rural hospitals. The high fixed cost of hospitals and increasing reimbursement pressures make it difficult for the Colorado Critical Access Hospitals (CAHs) to reach financial stability.

CRHC takes a multi-pronged approach to help address the current economic challenges in rural Colorado. On a national level, CRHC keeps current on proposed rules and changes in reimbursement and provides responses to the government on behalf of the rural facilities to encourage optimal changes to regulations. At the state and facility level, CRHC provides educational opportunities for facilities to learn optimal billing practices to enhance reimbursement. CRHC also assists facilities in assessing their current provider type and determining what options would enhance viability.

Workforce Constraints – Financial instability and resource constraints present overarching challenges for rural facilities. Specifically, staffing models and recruitment challenges place significant demands on hospitals and other rural health providers. This results in time and resource scarcity, and opportunities to integrate clinical and financial successful models are often lost.

CRHC has a devoted staff that continually promotes rural healthcare and recruits providers for rural areas. Colorado has the added benefit of having support for several loan repayment options and other programs to incentivize providers to practice in rural Colorado. CRHC administers several of these programs including CROP (Colorado Rural Outreach Program), CPR (Colorado Provider Recruitment), and Marva Jean Jackson Rural Community Health Scholarships. In addition CRHC staff are reviewing provider applications for the state loan repayment program; Colorado Health Service Corps.

Leadership Support – Strong leadership and governance provides rural facilities with the opportunity to achieve financial stability and a sense of security. CRHC offers education to support and enhance boards and internal leadership. With improved financial performance, rural providers can enhance their status within communities, systems and state agencies. Solid and visionary leadership infrastructure provides operational leeway so that facilities can focus on long-term goals.

Health Information Technology – The national push towards incorporating Health Information Technology (HIT) and Electronic Health Records (EHRs) is especially daunting for rural healthcare providers given their lack of access to technical, workforce, and financial resources needed for HIT adoption, implementation, and sustainability. In response to this need, CRHC formed the Technology for Healthcare Excellence (THE) Consortium to provide education and access to trusted resources for rural hospitals and clinics in the pursuit of HIT. Additionally, under funding from the Federal Stimulus bill, CRHC was named as one of Colorado's Regional Extension Centers (REC) to assist rural providers in adopting, implementing and becoming meaningful users of electronic health record (EHR) systems to qualify for federal stimulus funds.

Emergency Medical Services (EMS) – EMS continues to be a challenge for Colorado's rural areas because of the vast territory involved, limited workforce, and funding. Currently 24 of Colorado's 29 CAHs are trauma designated. CRHC continues to champion rural EMS issues through assistance, working with the Colorado Department of Public Health and Environment, and supporting innovative models, such as Community Paramedic, which connects the underutilized resource of rural EMS workers to provide health services where access to physicians, clinics and/or hospitals is difficult or may not exist.

Lack of advocacy – Too often the rural voice is unheard as the urban providers outnumber the rural providers. CRHC advocates on behalf of the healthcare needs of rural Colorado. In order to assess the general landscape of rural health issues throughout the state, CRHC relies upon rural healthcare providers and healthcare consumers in helping shape CRHC policy and advocacy agenda. CRHC strives to serve as the voice for rural residents of Colorado by tracking, analyzing, and influencing legislation and regulatory issues that will impact Colorado's rural communities.

CRHC understands that working independently is not a competitive strategy and rather increases isolation. An effective state network of hospitals and rural providers working together ensures sharing resources and learning best strategies for implementation. Pooling and coordinating scarce resources will result in improved performance and opportunities will be realized to develop programs of service that respond to common areas of need and interest.

Forming a common voice to educate and communicate with key local and state constituencies will result in a value proposition of the health care develop system in Colorado that will be understood and appreciated. CRHC will continue to facilitate networking amongst rural communities and advocate the value that rural Colorado communities provide to our state and the nation.

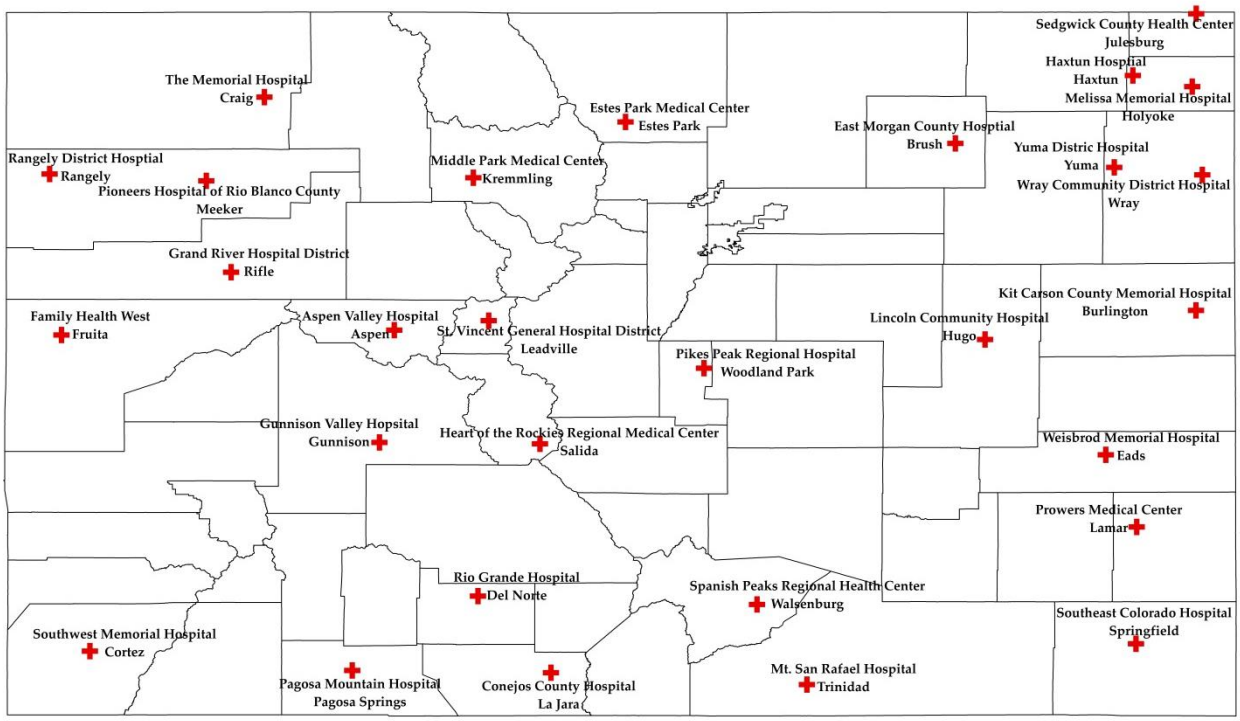
Colorado Rural Hospital Medicare Flexibility (Flex) Program

The Flex Program was authorized by section 4201 of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. The Flex Program provides funding to states for the designation and support of Critical Access Hospitals (CAHs) in rural communities and the development of networks to improve access to care in these communities. The mission of this federally funded program is to "strengthen rural health care by encouraging states to take a holistic approach, and is charged with promoting a process for improving rural health care using the CAHs." The Flex Program is administered by Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (ORHP).

Specific Flex grantee core areas include:

- Supporting Programs for Improving CAH Quality of Care
- Supporting Programs for Improving CAH Operational and Financial Performance
- Supporting Programs for Improving Health System Development and Community Engagement

Colorado: Certified Critical Access Hospitals, 2013



Data Source Information: Site addresses were collected and geocoded by Colorado Rural Health Center, current as of July 2013.

City	Critical Access Hospital	Certification Date
Aspen	Aspen Valley Hospital	*9/1/2004*
Brush	East Morgan County Hospital	*1/1/1997*
Burlington	Kit Carson County Memorial Hospital	*1/1/2002*
Cortez	Southwest Memorial Hospital	*8/22/2008*
Craig	The Memorial Hospital	*3/1/2002*
Del Norte	Rio Grande Hospital	*1/1/1997*
Eads	Weisbrod Memorial Hospital	*7/1/2002*
Estes Park	Estes Park Medical Center	*6/1/2001*
Fruita	Family Health West	*1/1/1997*
Gunnison	Gunnison Valley Hospital	*10/1/2003*
Haxtun	Haxtun Hospital	*7/18/2000*
Holyoke	Melissa Memorial Hospital	*8/3/2000*
Hugo	Lincoln Community Hospital	*8/24/2000*
Julesburg	Sedgwick County Health Center	*4/1/2001*
Kremmling	Kremmling Memorial Hospital District	*4/1/2003*
La Jara	Conejos County Hospital	*11/14/2000*

City	Critical Access Hospital	Certification Date
Lamar	Prowers Medical Center	*8/1/2004*
Leadville	St. Vincent General Hospital District	*5/1/2003*
Meeker	Pioneers Hospital of Rio Blanco County	*1/1/2008*
Pagosa Springs	Pagosa Springs Mountain Hospital	*9/15/2008*
Rangely	Rangely District Hospital	*9/28/2000*
Rifle	Grand River Hospital District	*1/1/2003*
Salida	Heart of the Rockies Regional Medical Center	*5/1/2004*
Springfield	Southeast Colorado Hospital	*3/1/2001*
Trinidad	Mt. San Rafael Hospital	*1/1/2004*
Walsenberg	Spanish Peaks Regional Health Center	*6/28/2002*
Woodland Park	Pikes Peak Regional Hospital	*7/8/2008*
Wray	Wray Community District Hospital	*1/1/2001*
Yuma	Yuma District Hospital	*7/1/2002*

Flex Grant Program Highlights (1997-2013)

The following table highlights Flex Grant Program Activities in Colorado from the inception of the program in 2000, and includes Critical Access Hospital conversion as of 1997.

Year	Hospitals Converted to CAH/ New CAH Facilities	Flex Program Highlights
1997	• East Morgan County Hospital • Rio Grande Hospital • Family Health West	• Hired CAH Program Director and received first Flex grant
2000	• Haxtun Hospital • Melissa Memorial Hospital • Lincoln Community Hospital • Conejos County Hospital • Rangely District Hospital	• Colorado Rural Health Council Formed by CRHC • CAH Conversion Technical Assistance
2001	• Estes Park Medical Center • Sedgwick County Health Center • Southeast Colorado Hospital • Wray Community District Hospital	• CAH Conversion Technical Assistance • Colorado Provider Recruitment Program Developed to address workforce shortage and retention issues • Regional HIPAA Compliance Trainings offered for CAHs and RHCs
2002	• Kit Carson County Memorial Hospital • The Memorial Hospital • Weisbrod Memorial Hospital • Spanish Peaks Regional Health Center • Yuma District Hospital	• Implemented a Statewide CAH Quality and Performance Improvement Program • Created CAH Swing Bed Manual • Developed CAH Profiles • HIPAA Training and Education • Coordinated two statewide technical assistance grant programs (EMS and QI focused) • Expansion of the CAH website, newsletter and hosting of annual statewide workshops to facilitate communication and education • Oversight of Colorado Provider Recruitment (CPR), the statewide recruitment and retention program • Regular site visits to CAHs and their communities to monitor progress, provide education, resources, and general support. • Developed CAH Technical Assistance Grant Program to support infrastructure of CAHs
2003	• Gunnison Valley Hospital • Kremmling Memorial Hospital District • St. Vincent General Hospital District • Grand River Hospital District	• Developed and enhanced rural health networks • Supported programs to improve and integrate emergency medical services (EMS), and • Expanded local health system quality improvement (QI) activities • Hosted Regional Quality Improvement Trainings • CAH EMS Grants Offered to strengthen EMS services
2004	• Aspen Valley Hospital • Prowers Medical Center • Heart of the Rockies Regional Medical Center • Mt. San Rafael Hospital	• Peer Review Network Developed • Statewide Balanced Scorecard Implementation
2005	• No new or converted CAHs	• Statewide Collaborative for Pneumonia/CHF patients in rural hospitals • Financial impact study of CAHs in Colorado conducted • Swing Bed Trainings conducted onsite for CAH staff • CMS Conditions of Participation and compliance training held • Cost Reporting and Billing Training held

		• Held meeting with urban and rural case managers and discharge planners to discuss transfer needs
2006	• No new or converted CAHs	• Developed CAH IT Network to discuss IT challenges and solutions • Distributed $30,000 in EMS grants • EMS funding developed with support from local foundation to recruit EMS providers
2007	• No new or converted CAHs	• EMS Budget Tool Training available to EMS programs
2008	• Southwest Memorial Hospital • Pioneers Hospital of Rio Blanco County • Pagosa Springs Mountain Hospital • Pikes Peak Regional Hospital	• Trauma Assistance and Consultation Program developed • Board Training and Development Program • State Rural Health Plan update activities underway
2009	• No new or converted CAHs	• CRHC's Colorado Rural Credentialing Network formed • CRHC develops Utilization Management Resource Guide for CAHs
2010	• No new or converted CAHs	• Improving Communication and Readmission (iCARE) project begins in September – 11 CAHs participate
2011	• No new or converted CAHs	• iCARE's Second Year begins in September – 14 CAHs participate • ORHP's MBQIP Program begins in September – 13 CAHs participate • CRHC exhibits iCARE Storyboard at IHI's National Forum
2012	• No new or converted CAHs	• CAH Financial Workgroup formed • CRHC offers CAH Quality System Assessments
2013	• No new or converted CAHs	• *i*CAREs third year began in September—14 CAHs participate

Flex Grant current year (2011-2013)

In response to current needs as identified through evaluations and strategic priorities discussed at CRHC's Annual CAH Workshop, CRHC is offering an array of programs and services for the Flex grant year cycles. Activities include regional CAH Quality Improvement Workshops and Board Training Workshops, iCARE, Swing Bed and Utilization Management training, CAH Peer Review Network, and a CAH Financial Workgroup.

Board Leadership Development

In order to maintain a high level of accountability and effectiveness, it is necessary for rural hospital boards of directors to have access to resources and training opportunities on an ongoing basis. CRHC has partnered with Bill Charney of Charney Associates, founding board member of the International Policy Governance Association and co-author of "The Board Member's Playbook" to support CAHs in board development. In collaboration with Bill Charney and CRHC Policy and Advocacy Manager, Alicia Haywood, CRHC presented a series of three regional CAH Board Workshops focused on topics related to health care reform and Accountable Care Organizations. These workshops included information about the

current policy landscape as well as a facilitated discussion about CAHs' roles in shaping the future of healthcare in their community and strategies for CAH leadership and Boards to facilitate conversations with community members and other healthcare facilities.

Improving Communication and Readmission

In its second year, CRHC's Improving Communication and Readmission (iCARE) program has engaged 14 Colorado CAHs looking at goals relating to:

- Reducing readmissions
- Improving communication in transitions of care
- Improving clinical processes that contribute to readmissions, particularly for heart failure and pneumonia patients

CRHC continues to offer participating hospitals access to free technical assistance to help them achieve their iCARE goals. Partnering with CFMC, CRHC offers bi-monthly educational webinars focused on quality improvement practices. CFMC follows up with hospitals in the off-months to provide individualized assistance in helping move their projects forward. Additionally, CRHC has partnered with the Southeastern Colorado Area Health Education Center (SECAHEC) to provide chronic disease self-management diabetes education and other community resources. .CRHC expanded the project to include hospitals' clinics, looking at the care continuum and improved communication through linkages to Patient Centered Medical Home and extended reach to the community's diabetic patient population.

Colorado Peer Review Network

The CAH Peer Review Network was developed by CRHC to provide a cost-effective way for rural hospitals to conduct objective external peer reviews to evaluate appropriate medical care. Currently, 15 of Colorado's 29 CAHs participate in the Peer Review network.

Operational Improvement Assistance

CRHC provides services to assist CAHs in various aspects of their operations. Every year, CRHC provides customized CAH Swing Bed and Utilization Management Manuals and presents corresponding educational webinars to assist facilities in proper utilization of services and accurate application of regulations and documentation to help them maximize resources and reimbursement while providing quality and appropriate patient care. Additionally, CRHC offers rural facilities the opportunity to participate in the Colorado Rural Credentialing Network. Facilitated by a hospital credentialing specialist, this peer learning

network provides education and a forum for updates and information sharing for this critical hospital task.

CAH Financial Workgroup

In response to the need expressed by CAHs for a network for sharing financial issues and concerns facing Colorado's CAHs, CRHC convened the CAH Financial Workgroup. Led by CRHC's Senior Advisor, Tommy Barnhart, the group looks at CAH Financial data, shares information on opportunities to maximize funding and viability, and discusses the current financial landscape and pending legislation and reforms that could impact CAH reimbursement.

Quality and Patient Safety Agenda for Colorado Rural Facilities

The Colorado Rural Health Center (CRHC) works closely with multiple patient safety and quality improvement stakeholder organizations throughout Colorado to support quality initiatives in rural healthcare facilities. CRHC's partnerships range from participation in multi-organizational task forces that are working at a statewide level to individual and small-group projects that directly impact rural facilities. The activities listed below are current activities that will continue to impact rural healthcare quality in the upcoming years. Most importantly, Colorado's government is committed to healthcare reform including addressing quality improvement and reducing waste and inefficiencies in the system.

CRHC Quality Improvement Assistance

Colorado Critical Access Hospitals (CAHs) receive assistance in quality improvement through CRHC's Flex Grant funding through a partnership with the Colorado Foundation for Medical Care (CFMC), Colorado's Quality Improvement Organization (QIO). CAHs can select from a variety of opportunities to improve care and streamline efficiencies including balanced scorecard development, data collection methodologies, lean/six sigma training, and general quality improvement training for staff. CRHC hosts annual regional workshops that include training for hospital staff on current quality improvement strategies. Bi-monthly CAH quality director calls are offered as a source of continual learning and promising practice sharing.

Multi-stakeholder Quality Work

Center for Improving Value in Health Care (CIVHC)

As mentioned previously, CRHC is an active participant in CIVHC's Care Transitions taskforce.

Partnerships for Rural Quality Improvement

Colorado Foundation for Medical Care

CRHC has a strong collaborative relationship with Colorado Foundation for Medical Care (CFMC), Colorado's Quality Improvement Organization (QIO), to provide quality improvement training at the individual-facility level and to support statewide education and strategy sharing amongst facilities. CRHC partnership with CFMC includes the following activities:

- CAH bi-monthly quality director calls to update and educate hospital quality leaders on pertinent quality topics and provide a forum for multi-facility discussion and sharing
- Collaboration on quality topics at CRHC-sponsored annual CAH workshops and CFMC-sponsored bi-annual Quality Summit conferences for Colorado hospitals and long-term care facilities
- Promoting CAH data reporting to CMS Hospital Compare
- Partnership with CFMC's Quality Director to provide training on Quality Improvement Practices to iCARE hospitals
- Annual regional CAH workshops annually that focus on quality improvement education

HealthTeamWorks

HealthTeamWorks (HTW), formerly the Colorado Clinical Guidelines Collaborative, has worked with multiple urban physician practices to improve care through their Improving Performance in Practice (IPIP) project. CRHC and HTW have partnered to expand the work from urban facilities to the rural health clinics. The IPIP program works with facilities to do rapid improvement activities to use evidence-based care guidelines to effectively track and manage patients with chronic diseases, co-morbidities and behavior health issues.

American Heart Association, Mission: Lifeline

The Colorado division of the American Heart Association has engaged multiple organizations to improve care for ST Elevation Myocardial Infarction (STEMI)

patients. The goal of the STEMI project is to apply evidence-based medical practices by engaging the full spectrum of care from EMS agencies to hospitals. Ideally, STEMI patients will be transferred to the cath lab within 90 minutes. In situations where there is no cath lab available, the patient should receive rapid reperfusion within 30 minutes to optimize their treatment. In urban areas, access to cath labs and treatment options are more readily available, but optimal care does not occur consistently. In rural areas, treatment options are not typically available, and in these situations rural hospitals should work with the transfer facilities to optimize care before transfer. CRHC is working with AHA to get rural EMS agencies and hospitals engaged in this work to improve care for STEMI patients.

Performance Improvement in Colorado

The Colorado Rural Health Center assists rural hospitals and clinics to improve performance based on current and anticipated needs. CRHC convenes an annual CAH Workshop for Colorado CAHs and an Annual Forum and Association meetings for RHCs to discuss top priorities and issues that can be addressed through CRHCs programs and services. As a result of the input from previous years, CRHC has developed technical assistance and grant programs to address needs including:

- Coding/Billing Reimbursement Training and On-site Evaluation
- Outmigration Studies Identifying Patient Population Patterns and Needs
- Financial Feasibility Studies
- 855 Application Assistance
- Board Training
- Management and Leadership Training with Rural Healthcare Focus
- Grant Application Assistance
- Workforce Recruitment and Retention
- Trauma Program Assistance and Consultation
- Mock Surveys
- Policies and Procedure Development

CRHC will continue to monitor pertinent issues and develop programs to assist rural healthcare facilities as needs arise in future years.

Colorado Rural Health Clinics

CRHC developed a rural health clinic technical assistance program in 2005. The program currently offers a catalogue of technical assistance services for clinics and private practices in rural and underserved areas on a fee for service basis. Activities include compliance, billing/reimbursement, cost reporting, human resources, financial feasibility studies and policies & procedures.

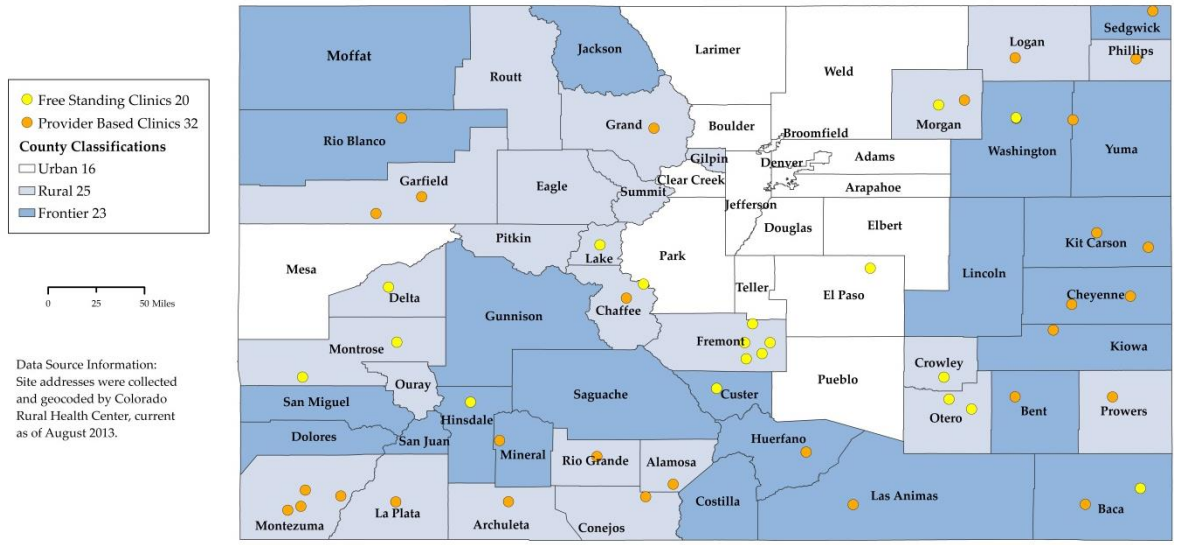
As of August 2013, Colorado has 52 Rural Health Clinics (RHCs).

The Association for Rural Health Clinics of Colorado (ARHCC) was formed in April 2009 and is a subsidiary organization supported by Colorado Rural Health Center. Unfortunately, RHCs are often left off the "radar screen" in allocation of statewide resources and recognition of their valuable role in Colorado's rural health safety-net. The Association of Rural Health Clinics of Colorado (ARHCC) advocates, supports, strengthens and promotes Rural Health Clinics locally and nationally in order to provide vital access to quality healthcare services in rural Colorado. Through support from Caring for Colorado, the Colorado Rural Health Center plays an essential and critical role in assuring Colorado RHCs have access to resources that support clinics' capacity to 1) provide healthcare services in rural communities and 2) understand and navigate the complex federal regulation mandated by the Centers for Medicare and Medicaid Services (CMS).

Colorado's RHCs are located in rural communities throughout the state (see table below). Thirty clinics are owned and operated by hospitals and twenty three are independent, free standing clinics. Rural Health Clinics are required by federal regulation to accept Medicare and Medicaid patients. Additionally RHCs care for the uninsured and underserved populations in their communities. Many clinics accept managed care and private pay patients; however, these payer types comprise a small percentage of the patient population in rural Colorado.

CRHC serves the leaders, administrators, managers, healthcare providers and staff of Colorado's certified RHCs. CRHC receives phone calls and emails from RHCs regularly with questions related to policy and program regulations (i.e., Medicare, Medicaid, CHP+ and CICP) and requests for information, such as sample policies and procedures, guidelines for compliance with HIPAA and OSHA, human resources, board of directors development and strategic planning.

Colorado: Federally Certified Rural Health Clinics within County Designations, 2013



The definition of rural and frontier varies depending on the project or policy. One commonly used definition is published by the Office of Management and Budget (OMB) using statistics from the US Census Bureau. The Colorado Rural Health Center generally assumes the OMB's definition by classifying counties that do not include a city of 50,000 people or more as rural, and classifying frontier counties as those counties with a population density less than or equal to six persons per square mile.

Colorado Rural Health Clinics: Provider Based (August 2013)		
Akron Clinic	Kit Carson Clinic	Parke Health Clinic
Battlement Mesa Medical Clinic	La Jara Medical Clinic	Prairie View Clinic
Brush Family Clinic	Lamar Medical Clinic	Rio Grande Hospital Clinic
Conejos Medical Clinic	Las Animas Family Practice	Southeast Colorado Physicians Clinic
Cortez Primary Care	Mancos Family Health Center	Southwest Memorial Primary Care
Creede Family Practice of Rio Grande Hospital	Meeker Family Health Center	Southwest Walk-In Care
Eads Medical Clinic	Mercy Health Services Clinic	Spanish Peaks Family Clinic
Family Care Clinic	Middle Park Medical Center at Granby	Stratton Medical Clinic
Family Practice of Holyoke	Middle Park Medical Center at Walden	Valley Medical Clinic
Grand River Family Health	Mt. San Rafael Hospital Health Clinic	Yuma Clinic
HRMC Buena Vista Family Practice	Pagosa Mountain Clinic	

Colorado Rural Health Clinics: Free Standing (August 2013)		
Arkansas Valley Medical Clinic	Florence Medical Center	Rocky Mountain Family Practice in Leadville
Basin Family Clinic	Fort Morgan Pediatric Clinic	Sabatini Pediatrics
Button Family Practice	Havens Family Clinic	Surface Creek Family Practice
Centennial Family Health Center	Lake City Area Medical Center	The Pediatric Associates of Montrose
Custer County Medical Center	Mountain Medical Center of Buena Vista	Walsh Medical Clinic
Dolores Medical Center	Pediatric Associates of Cañon City	Washington County Health Clinic
Eastern Plains Medical Clinic of Calhan	Rocky Ford Family Health Center, LLC	

Rural Health Clinic Programs

CRHC has developed an RHC Program Advisory Committee composed of RHC administrators and managers to assist in the development of technical assistance programs and services. The following services have been developed with input from the Program Advisory Committee:

Preliminary Eligibility Screen: CRHC can provide assistance to any person or hospital seeking to open an RHC with a preliminary eligibility screen. CRHC can verify and provide supporting documentation that a prospective clinic location meets rural location requirements mandated by CMS.

CMS Form 855 Support: The CMS Form 855 is the complex CMS-required application that a prospective RHC must complete and submit to its fiscal intermediary in order to bill Medicare for healthcare services provided in the clinic. In addition to completing CMS Form 855, CRHC provides ongoing support until the application has been approved by its fiscal intermediary.

Policy and Procedures Manual (PPM) and Annual Review: A certified RHC must have a Policy and Procedures Manual that specifically address all RHC operational and administrative processes required by law and enforced by CMS and the Colorado Department of Public Health and Environment. CRHC assists RHCs in developing a PPM that is CMS compliant, and will evaluate the PPM annually upon request.

Mock Survey: The Colorado Department of Public Health and Environment surveys each clinic site to ensure compliance with all mandatory RHC operational and administrative processes. CRHC conducts "mock surveys" with RHCs prior to the official state survey to assist clinics with compliance activities.

CMS Change of Ownership Forms: In the event that a certified RHC moves locations or change ownership, CRHC assists the facility in completing the required Change of Ownership forms that are submitted to the fiscal intermediary. CRHC provides ongoing support until the Change of Ownership has been approved.

RHC Cost Report: An RHC is required to submit a Cost Report once a year. The RHC Cost Report is the most important document that the clinic will file once it is certified. Through the Cost Report, an RHC must account for income and expenditures for that fiscal year. Importantly, it is the RHC Cost Report that determines a clinics Medicare reimbursement rate up to the established cap reimbursement rate. The RHC Cost Report is complex and vital to the clinic's long-term solvency. CRHC has internal capacity so that clinics can access a variety of RHC Cost Report supports from cost report software selection to actual clinic line-item accounting. Additional and ongoing cost report training will support CRHC's future goal of formalizing an RHC Cost Reporting Service for independent free-standing RHCs.

Billing and Coding Support: CRHC partners with R.T. Welter and Associates to provide clinics with RHC billing and coding workshops and updates. Workshops are held annually in regional locations throughout the state and on-site individual consultation is also available.

Amendment 35 Primary Care Fund Support: RHCs are not collecting the appropriate data to easily apply for Primary Care Funds. CRHC partners with the Centennial Consulting Group to provide application support to clinics to collect the data necessary to apply for Primary Care Fund awards.

Quality Improvement: CRHC offers technical support services through our Quality Improvement Specialists. Initially we conduct a baseline assessment, or Healthy Clinic Assessment, to assess operations within the clinic from which to make recommendations for improvement. We are able to provide hands on training to assist the clinics in reaching their goals along the journey to Patient Centered Medical Home. Our QI specialists teach clinic staff the tools to improve operational work flow such as process mapping, PDSA, Patient Cycle Times, and Provider Capacity Demand Study to incorporate process improvement and give them the

knowledge to sustain cultural changes that will impact quality patient care. Additionally we conduct a comprehensive onsite clinic inspection, or mock survey, to prepare the clinic for the unannounced mandated state surveys as well as offer financial feasibility studies, financial revenue management, and resources for assessing, adopting and implementing HIT.

Eligibility and Fee Schedule

All existing RHCs, as well as facilities and providers seeking RHC certification, are eligible to participate in the Clinic Assistance Program. Fee schedules are determined on a per clinic basis respective of the clinic's current financial picture and the number of staff/consultant hours required delivering the service.

Tracking and Evaluation

The Colorado Rural Health Center surveys all of the state's RHCs on a biannual basis. The most recent 2008 survey contains a series of questions regarding clinics' technical assistance needs. Survey results will provide baseline data through which targets and outcomes for program components will be developed.

Future Objectives

- Identify additional organizations and consultants who are available and qualified to serve a variety of technical assistance needs.
- Assist RHCs with education, resources and support services to reach Patient Centered Medical Home Recognition.
- Expand the services available to new and existing RHCs.
- Continue to establish relationships and partnerships with RHCs and assess clinic needs through onsite visitation. CRHC's onsite presence is the primary means through which clinics have access and receive the most RHC technical assistance services. As a result of these clinic visits CRHC is seeing increased demand for RHC technical assistance services.

Future Programs

In April of each year, CRHC sponsors a multi- day Rural Health Clinic Forum. CRHC will continue to hold this conference as a means for Colorado providers to network, learn about current national regulations and statewide updates, and discuss pertinent issues affecting their daily operations. The Forum provides CRHC with an opportunity to hear from our constituents and to give them a chance to learn from national experts and make lasting local peer connections.

Colorado in National Efforts

National Organization of State Offices of Rural Health (NOSORH) – Several CRHC staff members are involved in the National Organization of State Offices of Rural Health which provides forums and information for state offices of rural health (SORHs) in multiple areas including Flex, HIT, and Policy.

National Rural Health Association (NRHA) – CRHC staff members participate in several NRHA committees and group calls including the Rural Health Constituency Group, NRHA CAH Leadership Group, and the Grassroots Policy Group.

Performance Measurement – Indicators

The following measures are intended to address a wide range of needs and opportunities and are supplemented in detail each year with CRHC grant application to the Office of Rural Health Policy and other grantors.

The primary goal of the State Rural Health Plan is to improve access to the highest quality of care to rural communities throughout Colorado.

State Office of Rural Health

The SORH introduces these areas for performance measure with the commitment to develop an annual work plan that further details and defines specific measures. Presented here are general and broad areas in which CRHC will work with stakeholders to develop.

Performance Measure	Impact
Staff time necessary to complete rural health activities	Fulfill planned activities, compare to prior months, year-end comparisons of activities planned & activities completed
Percentage of activities planned and completed, measured quarterly	Fulfill planned activities & year-end comparison of activities planned & activities completed
Number of technical assistance offering completed as measured annually	Respond proactively to state rural health issues; improve stakeholder through responsiveness; resource sharing; meet specific needs Share necessary data; timely response to TA requests; number of TA activities proactively presented; CRHC seen as a resource for convening stakeholders & partners to address rural health issues
Number of printed & electronically disseminated rural health specific information shared as measure monthly	Responsive to requests and proactively addressing rural health issues (anticipating needs based on national and regional data & trends) Planned partnerships to meet existing & anticipated needs; sharing necessary data (national, regional, state & local)
Increase national rural visibility & unification on key issues	Know trends, proactive stance on meeting needs; participate in state health care reform efforts
Stakeholder relationships are varied, diverse, broad & inclusive	Well-rounded SORH connected with resources to address rural needs that impact health care including economics, population

	growth & changes
Recruitment & retention	Continuous and ongoing: 1) short-term offer services to assist communities & agencies in recruitment & retention; 2) long range impact would be to development communities to grow their own, take the lead on recruiting, stabilize and/or grow community
3:1 match	Meet funding requirement
Rural health education & development of employees & constituents Number of Colorado rural health representatives participating in national & regional conference & meetings	Attendance in out-of-state conferences & meeting appropriate
Number of research projects planned & completed as measured annually through contracts & partnerships	Work with partners to determine research opportunities & obtain results to improve programs considered for implementation to meet needs
Rural health funds received (outside sources)	Continued support for programs
Rural health funds received by CRHC (sources in Colorado & outside)	Continued support for programs
Strategic development of rural health plans, inclusive participation of partners	Evidence-based program implemented as a result of careful planning & implementation – increase opportunity to meet needs
Staff time necessary to complete Flex grant activities as a percentage of the total number of staff hours as measured monthly	Fulfill planned activities, compare to prior reporting periods, year-end comparisons of activities planned & activities completed
Number of hospitals eligible & receiving SHIP funds	Accurate records for continued receipt of funding to support programs in rural areas
Number of hospitals using SHIP funds for PPS	Continued receipt of funding to support programs in rural areas
Number of hospitals using SHIP funds for HIPAA & medical errors or QI	Reporting, data to assess goals are met
Staff time necessary to complete SHIP grant activities as a percentage of the total number of staff hours as measured monthly	Fulfill planned activities, compare to prior reporting periods, year-end comparisons of activities planned & activities completed

Flex Program

The table below introduces topic areas that will be developed and included in the annual work plans. This list is not detailed as information will be outlined in the work plans presented to the Federal Office of Rural Health Policy annually.

Tactic	Impact
Strategic partnerships	Successful implementation of activities & ensure successful outreach of all rural areas
Data collection	Current & relevant data for the use of a variety of programs including TA & advocacy
Assessment of needs & strategic planning	Current information to use for planning resulting in relevancy – will meet needs according to rural input – use plan to evaluate progress & accomplishments
Participate in statewide quality improvement activities	Ensure that rural providers are informed about QI activities & have opportunities to participate. Tracking participation, data collection & reporting leads to improvement measurements.
Participate in Medicare's Hospital Compare	Encourage hospitals to participate in Hospital Compare.
Statewide Balanced Scorecard program	Consistent reporting for hospital-wide performance improvement & peer reporting for comparisons
CAH Peer Review Network promotion	Efficient & effective external peer review program among CAHs for improved quality reviews resulting in quality care
Statewide, regional & community level TA, workshops & conferences	Deliver high quality training offering current & relevant content, resulting in an informed rural health constituency. Deliver high quality TA to entities & communities to meet specific identified needs.
Quality improvement initiatives	Participation in quality initiatives such as MBQIP, iCARE, and supporting CAHs in reporting to Hospital Compare
Compliance & requirements – disseminate information, serve as liaison	Disseminate information to CAHs & RHCs regarding state & federal requirements resulting in informed agencies meeting regulatory mandates & maintaining services
Technology	Work with partners to reach CAHs, RHCs & other rural health agencies with opportunities to implement the use of technologies & access inter-connectivity for improved quality of care, efficiently & effectively
Documentation, evaluation	Accurate & thorough documentation of CAH activities, accomplishments, changes in plans, best practices & peer comparisons, resulting in a program evaluation & measuring impact of grant funds
CAH – emergency medical services	Partner with state EMS program, Rural Trauma Team Development Training, EMS financial assessment & training, & trauma designation training – resulting in improved emergency services in rural areas
Rural health networks	Support network development through TA– forging new partnerships & enhancing existing networks
Technical assistance, Linkages & Coordination (TLC)	Assistance to fragile rural communities to identify needs, address issues & access resources resulting in strengthened rural health infrastructure & new partnerships

Future Workplan Development

CRHC is committed to proactively identify and address Colorado rural healthcare needs through personal connection and engagement at the state and national level. Collaborative partnerships with state and national organizations will continue to provide the solid infrastructure on which CRHC builds future projects to support rural Colorado. While multiple extensive partnerships already exist, CRHC will continue to explore new opportunities to partner with urban and rural constituents to enhance healthcare delivery in rural communities. With this solid infrastructure and support, CRHC proposes the following activities as part of the Colorado State Rural Health Plan:

- Proactively research and respond actively to current interests and specific needs of Colorado rural health constituencies
- Prioritize activities to promote strong financial stability
- Promote immediate impact value producing activities that provide a "quick win" with long-term, sustainable strategies
- Establish expectations, indicators and targets and manage activities appropriately
- Engage rural providers and communities to support activities and follow through
- Encourage multi-level diverse participation within health organizations and within the community
- Establish individual responsibilities coupled with shared goals and strong leadership
- Continue to develop a cohort network of organizations that can offer support and expertise
- Continue to conduct annual CAH Workshop to develop annual work plan

For questions regarding the content of this report, contact The Colorado Rural Health Center (CRHC) at (800) 851-6782, or info@coruralhealth.org. For more information about CRHC, visit www.coruralhealth.org.