Thank you! You made 2017 a Success

On behalf of the staff and board of the Colorado Rural Health Center (CRHC), I want to offer my heartfelt gratitude for all of the support and collaboration in 2017. As the State Office of Rural Health and Rural Health Association, the commitment to CRHC’s mission “to enhance healthcare services by providing information, education, linkages, tools and energy towards addressing rural healthcare issues” and our vision “for all Coloradans to have access to comprehensive, affordable healthcare services of the highest quality” was on full display in 2017.

In 2017, we served our members with a diverse and robust line of services. Our 186 members were engaged and involved, helping to shape our product offerings and supplying the input needed to effectively advocate for rural health in the state. Seven Rural Health Clinics (RHCs) received a Healthy Clinic Assessment while 180 hospital and clinic members viewed iCARE webinars. Critical Access Hospital (CAH) iCARE participants have reported a 35% decrease in readmission rates (including a 3% decrease from 2016-2017) since 2013. Over half a million dollars was awarded for education of the state’s EMT workforce and our HIT department provided 375 hours of direct support in the complex and ever-evolving world of rural Health Information Technology. Our educational events continued to grow their reach and our workforce programs underwent a transition to better serve the needs of our communities. On top of our work directly with members, our policy team testified on six rural healthcare pieces of legislation, and supported 11 bills that would directly benefit our members.

As the Chief Executive Officer of CRHC, I am excited by our growth and humbled by the breadth of support we have received. With your ongoing support, CRHC will continue to be a voice and a resource for those across rural Colorado. Thank you!

Michelle Mills, CEO
Colorado Rural Health Center

2017 Board of Directors

Craig Loveless, Board Chair
Jason McCormick, Treasurer
Brandon Chambers, Secretary
Tammy Dunker
John Gardner

Trampas Hutches
Larry Kipe, MD
Kevin Stansbury
Alan-Michael Vargas, MD
Rebecca Warren
Thank you to all of our members, partners, sponsors, board members, and staff.

2017 Operating Budget

2017 YTD Operating Funding Sources

- Private Foundation Grants $350,978
- Federal Grants $1,146,029
- Fee for Service Programs $508,023
- State Government Contracts $688,801
- Membership and Donations $111,114
- Conference and Workshops $142,257
- Other $8,229

2017 Funders

2017 Organizational Sponsors

Ann King White, CPA
Our Organization

The Colorado Rural Health Center (CRHC) was established in 1991 as Colorado’s State Office of Rural Health. As a 501(c)(3) nonprofit organization, CRHC serves dual roles as the State Office of Rural Health with the mission of assisting rural communities in addressing healthcare issues; and as the State Rural Health Association, advocating for policy change on behalf of its members and all rural healthcare providers.

Mission & Vision

Our mission is to enhance healthcare services in the state by providing information, education, linkages, tools, and energy toward addressing rural health issues. Our vision is to improve healthcare services available in rural communities to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare.

Clinics

Colorado’s 58 Rural Health Clinics (RHCs) were supported through certified rural health clinic compliance support, billing and coding workshops, healthy clinic assessments, gap analysis studies, HIT support, feasibility studies, customer service trainings, and quality improvement initiatives.

Customer service trainings were conducted with two different provider based clinics in 2017. Each facility received multiple trainings to cover staff from both the clinic and the hospital. In total 18 trainings were conducted between the two facilities. Trainings resulted in formal recommendations to leadership to create a stronger customer service culture and developing a sustainable customer service model.
Healthy Clinic Assessments: Making Progress

CRHC helps rural clinics by facilitating Healthy Clinic Assessments (HCAs) on the clinic’s daily operations and processes. The HCA focuses on streamlining processes and workflow which increase efficiency and clinic revenue by assessing and optimizing basic business operations, while creating an overall improvement in quality.

Clinics that have been evaluated for consecutive years have shown marked improvement in both specific measures and overall scores.

HCAs conducted in 2017. Six counties benefited from HCAs and four recommendations were made that led to the clinic participating in other CRHC activities.

Hospitals

Through the Medicare Rural Hospital Flexibility Grant (FLEX), Colorado Critical Access Hospitals (CAHs) are supported through quality improvement initiatives, educational webinars and workshops, financial education, HIT support, regional workshops, and peer learning opportunities.

CAH Training and Education

CAH staff viewed swing bed and utilization management webinars and training resources

Focus team calls conducted in 2017. Focus team calls center on quality improvement at participating facilities.

Webinar attendees received valuable training and technical assistance on 10 webinars targeted specifically for CAH employees. 180 participants attended CRHC iCARE webinars in 2017.
iCARE: Improving Communications and Readmissions

The three primary goals of CRHC’s iCARE program are to work with hospitals and clinics to:

1. Improve communications in transitions of care
2. Improve the clinical process and systems to reduce readmissions, particularly for heart failure, pneumonia, and diabetic patients
3. Maintain low readmission rates

iCARE Participation and Progress

iCARE communities, which includes a total of 51 rural health facilities (hospitals and provider based clinics) from 22 rural counties in CO participating in program activities.

From 2016-2017, iCARE CAHs reported an average 3% readmission rate, a 35% decrease since 2013.

74.5% of diabetic patients who receive care at iCARE participating clinics demonstrate good control of blood glucose levels. Nationally only 55% of diabetic patients with Medicaid, have good control.

Diabetic Patients Demonstrating Good Control

- 74.5% of diabetic patients who receive care at iCARE participating clinics demonstrate good control of blood glucose levels. Nationally only 55% of diabetic patients with Medicaid, have good control.
Medical Oral Expanded Care (MORE Care)

The second cohort of MORE Care clinics began implementing oral health components into primary care wellness exams in June 2017. Within seven months, the clinics had received training for providing fluoride varnish, began completing risk assessments during pediatric wellness exams, and began discussing individual self-management goals with patients.

Hotchkiss Family Medicine, a MORE Care participating clinic, provided risk assessments and self-management goal setting to less than 25% of patients during their first month. As they became more comfortable with the clinical process and tested workflow changes through PDSA cycles, they were completing risk assessments and self-management goals with greater than 75% of their pediatric patients within seven months.

Number of patients who had oral health risk documented at their well child visit or sports physical

Number of patients whose self-management oral health goals (SMG) were documented

Number of patients who received fluoride varnish application in conjunction with assessed risk and self-management goal review

State Innovation Model (SIM)

The Colorado State Innovation Model (SIM) is a governor’s office initiative that is helping practices integrate behavioral and physical health in primary care settings and test alternative payment models. SIM is funded by the Centers for Medicare and Medicaid Services, and was created in December, 2014, when Colorado was awarded up to $65 million in the form of a cooperative agreement to implement and test its proposal.

Rocky Ford Family Practice LLC. scored 36 points on the Integrated Practice Assessment Tool (IPAT) putting them into the Level 6 Integration category, the highest level a SIM practice can achieve.

Level 6 IPAT denotes full collaboration in a transformed/merged practice. This level of integration involves the greatest amount of practice change. Providers and patients view the operation as a single health system treating the whole person. The principle of treating the whole person is applied to all patients!
The Colorado Resource for Emergency and Trauma Education (CREATE) provides education and training for emergency medical and trauma service providers working in Colorado.

2017 CREATE Accomplishments

- 125 new Nationally Registered Emergency Medical and Trauma Services (EMTS) providers trained through CREATE
- 237 EMTS providers attended educational conferences/workshops
- 413 EMTS providers received continuing education
- 91 general CREATE applications reviewed, 69 applications awarded

$522,680 total awarded for education

FY17 CREATE Approved Funding and Number of Persons Trained by RETAC (as of June 2017)*

*This map reflects the amount of approved funding for Colorado’s emergency medical and trauma personnel and number of students trained through Colorado’s Resource for Emergency and Trauma Education (CREATE) program during fiscal year 2017. A total of 659 individuals have been trained as of June 30, 2017.*
Health information technology or HIT is the use of applications to record, store, protect, retrieve and transfer information electronically. Through Technology for Healthcare Excellence (THE) Consortium, CRHC assists rural facilities to advance their HIT solutions.

**Direct IT Support**

In 2017, CRHC provided 375 hours of HIT support across the state. Activities included the following:

- Technical Support
- State Innovation Model Support
- Remote Monitoring
- Exchange Migration
- Remote Monitoring Setup and Server Installation
- Remote Monitoring/NAS/Server Installation
- T-Systems Implementation
- HIPAA Risk Assessments

CRHC IT staff wrote 10 reports from four EHRs for members in 2017. Report topics:

- EMR Vendor Merge Templates
- Distance to Emergency Services
- Palliative Care Facilities

**HIT Report Writing**

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- EMR Vendor Merge Templates
- Distance to Emergency Services
- Palliative Care Facilities

**HIT Data Services**

- Data Assessment
- Data Coaching
- Observation/Data Shadowing
- Workflow Mapping
- Report Writing
- Community Health Needs Assessment
CRHC’s policy and advocacy program tracks state and federal legislation and regulations that hold the potential of impacting access and delivery of care for rural health providers and communities.

**2017 Accomplishments:**

- **Testified on Legislation:** 6x
  - Bill included:
    - Education on rural health for legislators
    - 3 times on Direct Primary Care
    - 2 for the Hospital Provider Fee

- **Action Alerts Sent to Members:** 5

- **Bills Opposed:** 3

- **Bills Monitored:** 7

- **Bills Supported:** 11

*Colorado Rural Health Center*

*The State Office of Rural Health*
In 2017, CRHC partnered with Center for Creative Learning for the Rural Colorado Primary Care Leaders Program. This one and a half year long program beginning in 2018 will coach providers skills to strengthen individual and organizational leadership capacity, improve capability to manage change and transition, develop strategic thinking and influencing skills to achieve greater impact and health outcomes through advocacy and improve understanding of state and federal policy and best practice models for primary care reform, integration and transformation.

**Workforce**

- **58** Contracted CPR Sites
- **5** Workforce recruitment placements at 5 different facilities
- **10** total presentations to potential rural workforce candidates. CPR staff marketed rural facility jobs at four national and state job fairs

**3RNet**

- **85** Total Referrals
- **30%** Word of mouth
- **16%** School Presentations to students and residents
- **17%** Word of mouth
- **12%** CPR website
- **11%** CPR website

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**Top sources of referrals**

- 30% Word of mouth
- 16% School Presentations to students and residents
- 17% Word of mouth
- 12% CPR website
- 11% CPR website
**Events**

**The Forum 2017**

April 12-14, 2017  
Denver Sheraton West  
Lakewood, CO

- Topics Included:  
  - Behavioral Health  
  - Cyber Security  
  - Healthcare Equity  
  - Patient Navigation

- Attendees: 192  
- Speakers: 40  
- Scholarships: 15  
- Sponsors: 7

**Annual Rural Health Conference 2017**

October 18-20, 2017  
Marriott Colorado Springs  
Colorado Springs, CO

- Topics Included:  
  - Mental Health and Substance Abuse  
  - Meaningful Use, MIPs and MACRA Updates  
  - Behavioral Health  
  - Community Engagement  
  - Cyber Security  
  - HIPAA Compliance  
  - Healthcare Equity

- Attendees: 171  
- Speakers: 25  
- Exhibitors: 38  
- Sponsors: 7

- 93% “Satisfied” or “Very Satisfied” with presenters

- 95% of attendees would recommend the conference to a colleague
Billing and Coding Bootcamps

Evaluation and Management (E&M) Auditing Bootcamps are intense 2-day courses intended for clinicians, providers, billers, coders, auditors, office managers, IT professionals and others. The curriculum provides attendees with a strong grasp of Evaluation and Management auditing, coding and documentation techniques including clinical documentation, coding, auditing, and billing.

Specific objectives include:

- Demonstrating the difference between “Key” E and M Components and Contributory E&M factors
- Identifying the similarities and differences between the CPT E&M guidelines and CMS E&M guidelines
- Understand how to compare one’s own E&M levels to valid benchmarks in the industry
- Determining Medical Decision Making levels and how it drives levels of E&M service
- How to properly ‘link’ ICD-10-CM codes to E&M services
- Understanding the limitations of EHRs that give misleading E&M code recommendations
- Distinguishing a Problem-Oriented E&M service and a Preventive E&M service
- Listing the key steps on how to present audit findings to clinicians and track improvement efforts

Continuing Education Credits can be worth upwards of $4000 for each coder who is employed by a hospital participating in the Small Rural Hospital Improvement Program (SHIP) grant.
Billing and Coding and THE Consortium Webinars

THE Consortium exists to provide expert consultation, education and resources to facilities to support their current HIT and EMR efforts.

Many federal policies and programs address the HIT challenges rural facilities face, including the (SHIP), and the Medicare Rural Hospital Flexibility (Flex) Program. As the State Office of Rural Health, CRHC manages both of these programs in the state of Colorado.

19
Billing and Coding
and THE Consortium
Webinars

835
Total Webinar
Participants

Electronic Health Record (EHR) User Groups

CRHC hosts EHR User Groups to support the state’s HIT workforce. Participating EHR users benefit from sharing concerns, issues, successes, and super user strengths with each other while troubleshooting problems.

41 EHR User Group calls conducted

Electronic Health Record (EHR) User Groups

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Revenue Cycle Workshops

The revenue cycle starts before the patient even arrives at the hospital and continues after the patient has been discharged. Workflow analysis and process mapping help bridge the gap between ICD-9 and ICD-10.

Participants in CRHC’s Revenue Cycle Workshops went through initial training via webinar, learning the basics of workflow analysis and process mapping, while identifying various segments of the revenue cycle. Each hospital team chose the segment of the revenue cycle they would work on. Each workshop identified a different type of patient and the workflow/process mapping followed that “patient experience” all the way through the revenue cycle.

5
Total Workshops

90
Total Participants

16
Total Hospitals Participating

In the Revenue Cycle workshops, participants mapped out all aspects of the revenue cycle and patient experience from beginning to end, to identify best practices and areas of concern. Hospital teams would continue the work upon returning to their respective facilities -- presenting their findings and suggestions for solutions to their management, and working on the improvement processes.