Key Financial Metrics for Colorado’s Critical Access Hospitals

**Operating Margin**
Operating Margin measures the control of operating expenses relative to operating revenue (net patient and other revenue). A negative value indicates operating expenses are greater than operating revenues (an operating loss). Very high negative values may indicate financial difficulty.

*Average* -5.8%

*Benchmark* > 2%

**Days Cash on Hand**
Days Cash on Hand measures the number of days an organization could operate if no cash was collected or received. A low value indicates only a few days of cash on hand. Days Cash on Hand is calculated at fiscal year-end, which does not reflect uneven cash flows throughout the year.

*Average* 100

*Benchmark* > 60

"Rural health care is currently less expensive per beneficiary, as noted in the analysis of data from the Centers for Medicare and Medicaid Services.* Yet there is limited ability to participate in innovative approaches when current rural payment models leave little room for necessary investment."

* Rural Relevance Under Healthcare Reform, iVantage Health Analytics, Inc., April 25, 2012

The need for transitional support cannot be over emphasized, noting rural payment and delivery policies must “preserve what we have until we have clarity of where we are going.”

New models for value-based reimbursement currently being developed such as accountable care organizations, bundled payments, and value-based purchasing may not translate well in rural markets, given rural providers’ unique regulatory confines and low population density. Also, lower patient volumes make it difficult, if not impossible, for rural providers to bear risk as these models demand.

Historically, rural healthcare systems have been financially fragile, and many still have small operating margins, making it difficult for them to participate in innovative efforts intended to stimulate fundamental redesign of the delivery system.* This financial fragility remains true according to a study completed in 2012 that indicates that more than half of the country’s hospitals are rural and of those Medicare Dependent Hospitals (MDH), rural Prospective Payment System (PPS) hospitals and Critical Access Hospitals (CAH) were the worst at controlling expenses relative to revenues, generating cash flow from patient care services, avoiding financial distress from negative margins, and being able to service debt.**

* Quality through Collaboration: The Future of Rural Health Care, Institute of Medicine, 2005
** A Snapshot of the Financial State of Rural Hospitals, North Carolina Rural Health Research & Policy Analysis Center, August 2012

Quotes taken from The Future of Rural Health – A Policy Brief from the National Rural Health Association (February 2013)
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.
Demographics

- 1.9% of Colorado’s population lives in your district.
- 14% of the state’s rural population calls it home.

170% population growth of 65+ age group 2014-2018

Average County Health Rankings in District
(out of 59, with 1 being healthiest)

- 12.75* Health Factors Ranking
- 16.5** Health Outcomes Ranking

* Represents what influences health in a county.
** Represents how healthy a county is by measuring how long people live and how healthy people feel while alive.

Preventive Health

Nutrition, Physical Activity, Obesity

In your district obesity rates are below the state average.

In your district heart disease is above the state average.

Sex and Reproductive Health

- 51% ... less HIV prevalence...
- 41% ... higher rate of births to teens...
- Infant mortality rate is 90% higher...
Data that was included must represent at least a 20% variance between district and rural/state averages.

Data was compiled from various public databases, contact CRHC for more information.

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**Oral Health**

... the rate of dentists in your district is higher than the rural average, and 21% more people have dental insurance than the state.

**Mental Health**

53% more people in your district report having sufficient social and emotional support than state averages.

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**Social Determinants and Substance Abuse**

- 54%: ... the rate of dentists in your district is higher than the rural average, and 21% more people have dental insurance than the state.
- 24%: ... more Coloradans living in your district report excessively drinking than the state average.
- 26%: ... fewer families in your district are in poverty when compared to the state average.
- 17%: ... more people in your district are without a high school diploma than the state average.

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**Vehicle Injury**

... higher vehicle accident hospitalizations than the rural average.

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**Colorado Rural Health Center**

The State Office of Rural Health

3033 S Parker Rd., Ste. 606
Aurora, CO 80014
303.832.7493 • 800.851.6782
info@coruralhealth.org
www.coruralhealth.org

Data that was included must represent at least a 20% variance between district and rural/state averages.
Data was compiled from various public databases, contact CRHC for more information.
**District Health**

**Demographics**
- 14% of Colorado’s population lives in your district.
- 91% population growth of 65+ age group thru 2018.

**Average County Health Rankings in District**
(out of 59, with 1 being healthiest)
Robert Wood Johnson

- 35 * Health Factors Ranking
- 44 ** Health Outcomes Ranking

* Represents what influences health in a county.
** Represents how healthy a county is by measuring how long people live and how healthy people feel while alive.

**Preventive Health**

- **Heart**
  Heart disease in your district is 21% below the state average.

- **Breast**
  Breast Cancer in your district is 87% below the state average.

- **Colorectal**
  Colorectal Cancer in your district is 15% below the state average.

...fewer deaths due to cancer than the state average.
Data that was included must represent at least a 20% variance between district and rural/state averages.

Data was compiled from various public databases, contact CRHC for more information.

Sexual Health

30% fewer cases of HIV have been found in your district when compared to the state average.

Mental Health

55% more mental health hospitalizations than state average.

Social Determinants and Substance Abuse

...higher unemployment rate than the state average.

...more people adults in your district are without a high school diploma than the state average.

...higher child maltreatment rate than the state average.

Access to Care:

...more providers will be needed by 2018 than the rural average.

...higher level of uninsured than the state average.

Insurance Card

Jane Doe
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**Demographics**

- 2% of Colorado’s population lives in your district.
- 18% of the state’s rural population calls it home.

**Preventive Health**

- **Heart**
  - Heart disease in your district is 79% below the state average.

- **Breast**
  - Breast Cancer in your district is 90% below the state average.

- **Colon**
  - Colonoscopy exams in your district are 38% below the state average.

...below average cancer death rate.

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* Represents what influences health in a county.

** Represents how healthy a county is by measuring how long people live and how healthy people feel while alive.
80% fewer cases of HIV have been found in your district when compared to state averages.

76% fewer mental health providers per 10,000 people in your district than the state average.

### Social Determinants and Substance Abuse

- **29%**
  - More **children** in your district are in poverty when compared to the state average.

- **66%**
  - More **adults** in your district are **without a high school diploma** than the state average.

- **31%**
  - Higher **child maltreatment** rate than the state average.

### Access to Care:

- **20%**
  - Fewer **providers** than the state average.

- **23%**
  - Higher level of **uninsured** than the state average.

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### District Health

**Demographics**
- 8% of Colorado’s population lives in your district.
- 97% population decline of youth thru 2018.
- 93% population decline of women thru 2018.

**Average County Health Rankings in District**
(out of 59, with 1 being healthiest)
- Robert Wood Johnson
- Health Outcomes Ranking
  - 34**

**Health Factors Ranking**
- *Heart*
  - Heart disease in your district is 62% below the state average.
- **Breast**
  - Breast Cancer in your district is 73% below the state average.
- **Colorectal**
  - Colorectal Cancer deaths are 55% above the state average.

*Represents what influences health in a county.
**Represents how healthy a county is by measuring how long people live and how healthy people feel while alive.

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**Preventive Health**

...below average cancer death rate.
Sexual Health

76% fewer cases of HIV have been found in your district when compared to state averages.

Mental Health

40% more people in your district report having sufficient social and emotional support than state averages.

Social Determinants and Substance Abuse

- 26% more children in your district are in poverty when compared to the state average.
- 49% more people in your district are without a high school diploma than the state average.
- 34% more liquor stores per 10,000 people than the state average.

Access to Care:

- 29% higher rate of dental uninsured than the state average.
- 20% higher level of uninsured than the state average.

Insurance Card

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SAFEGUARDING HEALTH IN RURAL COLORADO

OUR ORGANIZATION
The Colorado Rural Health Center (CRHC) is Colorado’s nonprofit State Office of Rural Health. CRHC works with federal, state and local partners to offer services and resources to rural healthcare providers, facilities and communities. We have a statewide constituency of over 3,500 people and organizations.

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.

PROGRAMS & SERVICES

Funding and Equipment
CRHC supplies organizations with funds and equipment, such as workforce-enhancing loan repayment or scholarships, federally-granted medical equipment, or technical assistance grants to rural hospitals and communities. We are both a grantor and grantee.

Workforce Support
Many of our programs and resources aim to address the healthcare workforce shortage in rural Colorado. The Colorado Provider Recruitment (CPR) program provides recruitment and retention services, placing healthcare providers in open positions, and also connects communities with recruitment and retention education and loan repayment options for their providers.

Educational Opportunities
CRHC offers workshops, training programs, and technical assistance to facilities and communities, such as coding, billing, quality improvement, compliance assistance, and an expanded grant writing program. We host Colorado’s Annual Rural Health Conference and the annual Forum, which bring together people and organizations to learn and share information and best practices.

Information and Referrals
We develop and distribute timely information on rural health issues. With our extensive network of partners in the public and private sectors, we are able to provide advice, assistance, referrals and support for rural health needs.

Policy and Advocacy
CRHC advocates on behalf of rural providers and communities to inform and affect policies impacting rural healthcare delivery, access and services in Colorado. We track and analyze bills and regulatory changes and serve as a conduit of information between our members, policymakers and advocacy partners.
Stay Informed
Sign-up to receive regular email updates from our blogs

**The Rural Voice**
News and updates on health reform, CRHC's policy and advocacy activities, and Colorado legislation that impacts rural Colorado’s healthcare system

*Updated: Weekly*

**Special Delivery**
General news and information on rural healthcare in Colorado, including a letter from CRHC’s CEO on current initiatives and accomplishments

*Updated: Monthly*

**Weekly Update**
Medicare updates, webinars and trainings, funding opportunities, and other program and service-related information targeted to Critical Access Hospitals and Rural Health Clinics

*Updated: Weekly*

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The State Office of Rural Health