

COLORADO RURAL HEALTH CENTER

The State Office of Rural Health

FOR IMMEDIATE RELEASE

Contact: Bridgette Olson, Outreach Program Manager
303-832-7493 or bo@coruralhealth.org

Colorado Rural Healthcare Members Celebrate Half a Decade's Work to Improve Population Health

The Colorado Rural Health Center (CRHC) is pleased to announce the second publication outlining the data and outcomes surrounding the iCARE program, Improving Communications and Readmissions.

Denver, Colo – iCARE, launched in 2010, was developed to help hospitals improve communications in transitions of care and reduce readmissions in special populations including those with diabetes and other chronic conditions. In 2012, the program expanded to include rural health clinics (RHCs) affiliated with the hospital as a means to address the clinics' role in communications and reducing readmissions.

Currently, 72 percent of Colorado's critical access hospitals (CAHs) and over 25 RHCs are voluntarily participating in iCARE, demonstrating the rural commitment to their community and its health.

The iCARE program goals are to eventually support the full spectrum of rural providers and communities beyond the focus of chronic disease, and toward a community based project that focuses on overall health and wellness.

The white paper details how participants in iCARE are making notable changes, collectively. For example, where the Colorado average of diabetes diagnosis in adults

is 5.24 percent and the rural average is 4.91 percent, the communities participating in iCARE have an aggregate diabetes average of 4.4 percent. This is better than both the state and rural average.

Further, patients of iCARE facilities with A1c greater than nine, which is an indicator of uncontrolled diabetes, was reduced from 14 percent to 11 percent between 2013 and 2014.

iCARE additionally focuses on reducing preventable readmissions and progress is being made in this area as well. Readmission rates for iCARE CAHs are significantly lower in comparison to CAHs nationally and other Colorado hospitals.

The 30 day readmission rate for Medicare patients with diagnoses tracked through iCARE is four percent. CAHs nationally have a rate of 14 percent, and the state average is 15 percent. The data shows the iCARE program works and acts as a model for population health improvement.

According to Michelle Mills, CRHC's chief executive officer, the iCARE white paper is important for those interested in strategies focusing on quality improvement and patient outcomes. "This paper underlines our commitment to support Colorado rural healthcare facilities," says Mills.

"One of the challenges with avoidable readmissions is the coordination of patient data between the hospital and primary care providers. This white paper presents efforts to establish collaboration between facilities," adds Mills.

Rural healthcare facilities are currently participating in iCARE representing all parts of the state from the eastern plains to the western slope. The white paper is available for free download on the CRHC website at <https://coruralhealth.org/?p=15703>.

[About The Colorado Rural Health Center](#)

The Colorado Rural Health Center was established in 1991 as Colorado's State Office of Rural Health. As a 501(c)(3) nonprofit corporation, CRHC serves dual roles as the State Office of Rural Health with the mission of assisting rural communities in addressing health care issues; and as the State Rural Health Association, advocating for policy change to ensure that rural Coloradans have access to comprehensive, affordable health care services of the highest quality. For more information visit coruralhealth.org, call 303-832-7493, or call toll free 800-851-6782 from rural Colorado.

###