



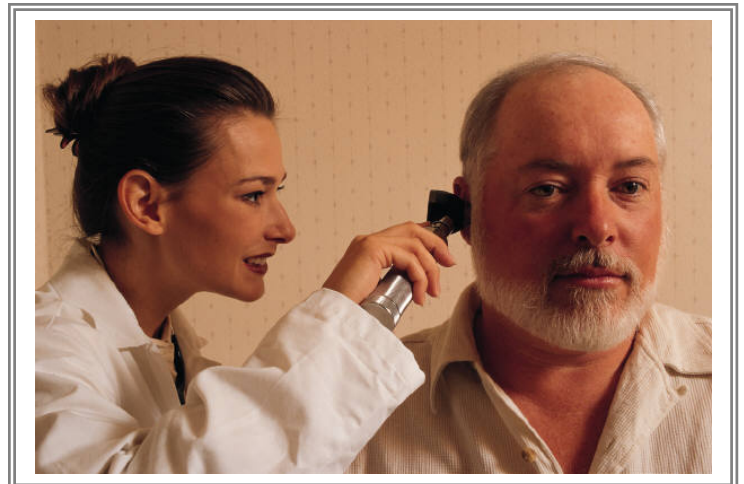
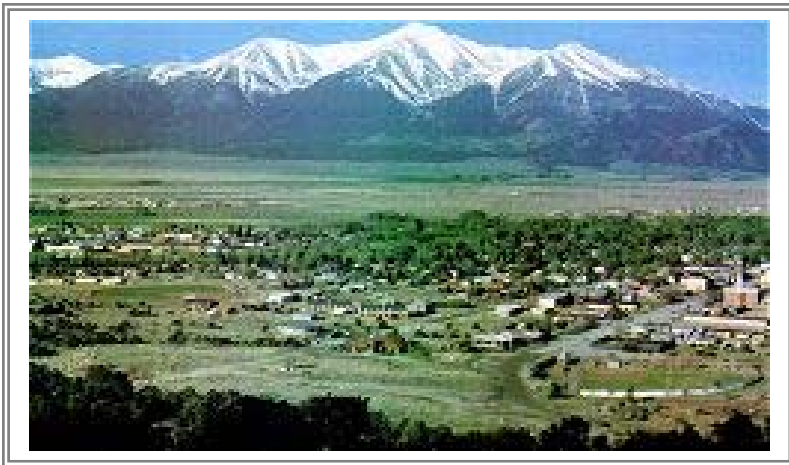
Colorado Rural Health Center

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# **An *Initial* Assessment: Colorado's Rural Health Clinics**

*A delicate balance between Access, Efficiency, Financial Sustainability, and Quality*

**May 2005**



## Introduction

Thank you for taking this opportunity to learn about Rural Health Clinics (RHCs) in Colorado. Whether you are a provider in a rural area or a legislator representing a rural district, we hope you gain an appreciation for the important role of RHCs in Colorado, and join us in supporting and protecting the RHC safety net in your community.

The Colorado Rural Health Center (CRHC) serves as Colorado's State Office of Rural Health, helping to address the rural health issues of Colorado's 625,000 rural Coloradans. With 47 counties out of 64 designated as rural or frontier, Colorado covers a large geographic region, making access to healthcare a unique challenge and every component of the rural healthcare safety net critical. This survey summary provides a wealth of information about Colorado's RHCs and presents some important questions about the next steps for these clinics.

One key method through which CRHC supports rural health is by working with the 37 Rural Health Clinics (RHCs) across the state in their efforts to provide quality healthcare. In order to better serve the RHCs, we decided an initial survey was important to gain baseline data on key components of access, efficiency, financial sustainability, and quality impacting the clinics. As a result, in 2004, we distributed a six-page survey to all 37 RHCs and have created this publication to share the results with the RHCs, legislators, and community leaders throughout the state.

Receiving a lower response rate than anticipated (35%), we decided that this summary would provide a solid *initial* assessment, or snapshot, of RHCs in Colorado. Using this summary as the initial baseline, we look forward to conducting annual or biannual surveys in order to track progress and needs and to identify how we can most effectively support RHCs.

We hope you find this resource useful and look forward to answering any questions you may have about RHCs or what you can do to support them.

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# An *Initial* Assessment: Colorado's Rural Health Clinics

*A delicate balance between Access, Efficiency, Financial Sustainability, and Quality*

## **How to Use this Report**

A survey of Colorado Rural Health Clinics (RHCs) was conducted by the Colorado Rural Health Center. The results are presented here with a summary, including implications for the future. This report is intended for a broad audience, ranging from RHC providers and administrators to community members, legislators, and policy makers. The report is laid out with clear recommendations for two key audiences, RHCs and policy makers.

- RHCs can use the information to learn more about their colleagues across the state, to identify possible areas for improvement and collaboration, and as an advocacy tool to improve healthcare in their communities.
- Policy makers and legislators can use the information to learn more about the role of RHCs and to identify how to get involved with RHCs to learn why and how decisions can support or challenge rural healthcare efforts in their local communities.

If, after reading this summary, you would like to get involved in providing assistance, we recommend that you contact the RHC in your area, or your legislator, to share the information with them. By sharing the information in this report and helping to raise awareness about the important role of RHCs and the challenges facing them, you can make a difference, and help RHCs thrive in Colorado.

## **Survey Methodology**

In 2004, each of the 37 Rural Health Clinics in the state was mailed a six-page survey. Each clinic was asked to complete and return the survey. After four weeks, follow-up calls were placed and reminder emails were sent. By the end of 12 weeks, a total of 13 surveys were completed. As a result, N=13 for the survey responses in this summary. Despite efforts to increase response rate with incentives, such as free registration to an event, the low response rate continued, and this is the basis for this summary – an initial assessment. Instead of spanning two years of data in order to increase the response rate, we decided to use the initial 13 surveys from 2004, as a preliminary look at RHC data. CRHC appreciates the time taken to complete the survey by the staff of the 13 RHCs that participated.

## **Background on Rural Health Clinics**

Rural Health Clinics have provided rural Coloradans with healthcare services since the 1980s. They have become an important part of the rural healthcare infrastructure, serving patients across Colorado. The original intent of the program was to support and enhance the availability of primary care services in rural, underserved communities through the provision of cost-based reimbursement for care delivered to Medicare and Medicaid patients. In addition to improved reimbursement, care was to be provided by mid-level providers such as nurse practitioners, physician assistants, and certified nurse midwives.

### **What is an RHC?**

A Rural Health Clinic is a primary healthcare clinic located in a non-urbanized area that has been shown to have a shortage of healthcare services or healthcare providers, and has been certified as a Rural Health Clinic under Medicare. A certified Rural Health Clinic must meet all of the following criteria:

- Be located in a non-urbanized area;
- Be located in a Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA);
- Provide outpatient primary care services;
- Use the services of at least one mid-level practitioner (Physician Assistant, Nurse Practitioner or Nurse Midwife) at least 50% of the time the clinic is open;
- A physician providing medical direction must be present for sufficient periods of time, at least once in every two-week period to provide medical care services, consultation, and supervision, and must be available through direct telecommunication; and
- Meet health and safety requirements set by Medicare and/or Medicaid.

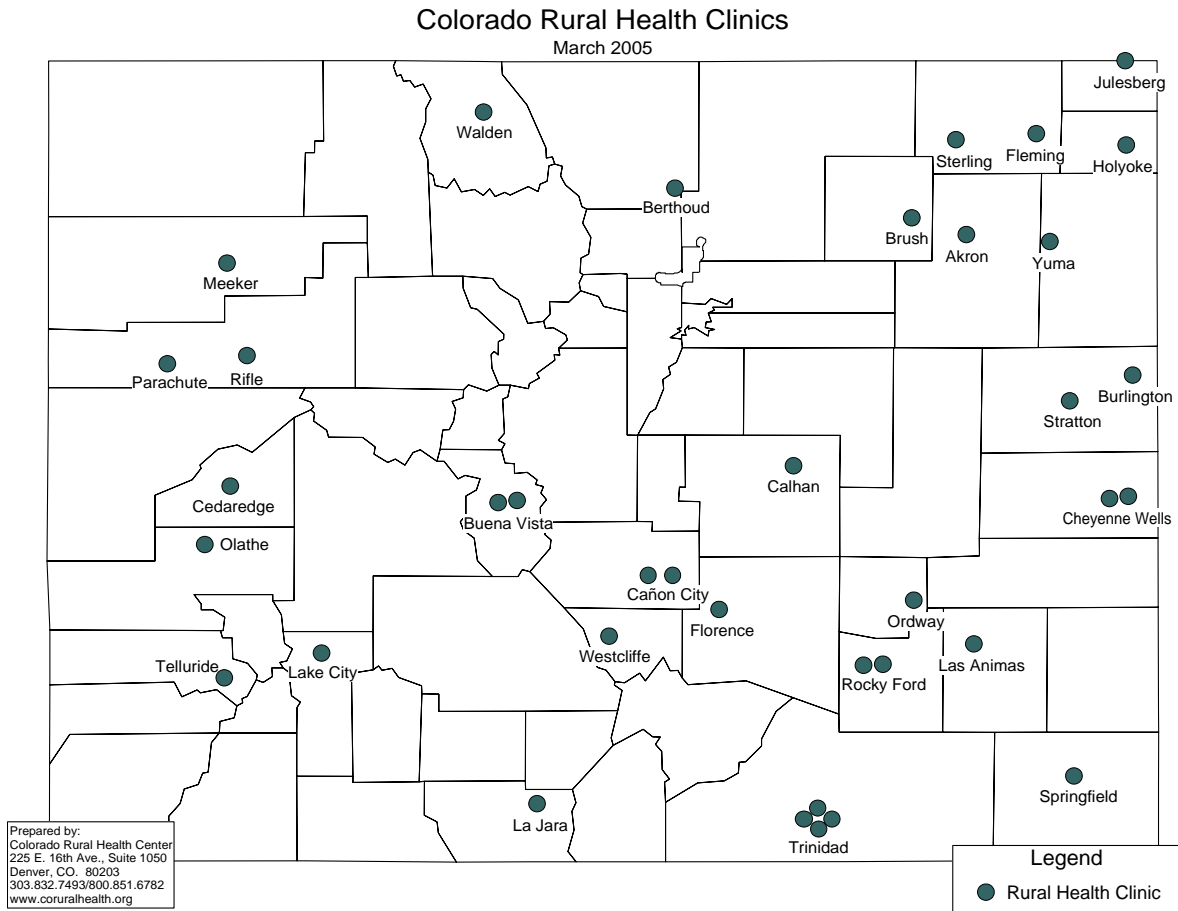
### **Context of RHCs in Colorado**

The number of RHCs in Colorado has steadily increased from when the first clinic was established. In 1989 there were 13 clinics, and the number increased to 37 in 2004. Despite the enhanced reimbursement provided by the RHC program, many RHCs face continued challenges in providing primary care services in their communities. RHCs often serve populations with higher rates of uninsurance and underinsurance and/or greater dependency on Medicare and Medicaid reimbursement, making financial sustainability a challenge. In addition, growing provider recruitment and retention issues continue to challenge many rural communities competing with the high salaries and amenities offered in the urban areas. RHCs are a key component of the primary care infrastructure in rural communities and are often the only medical service in proximity to the community. As a result, supporting and enhancing RHCs is an important step in improving overall rural health access in Colorado.

## Where are the RHCs in Colorado?

The map below outlines where Colorado's RHCs are located. It is important to note that some RHCs are more isolated than others from additional healthcare resources. For example, Lake City Area Medical Center is the only provider of healthcare services in Hinsdale County. The clinic is 55 miles over mountainous terrain from the nearest hospital, a Critical Access Hospital with less than 25 beds, and is 160 miles from the nearest high level trauma center. The clinic building houses the county emergency medical service, which owns and operates two ambulances.

In contrast, in the town of Trinidad, there are four certified Rural Health Clinics located in close proximity to the local hospital, within two miles of each other.



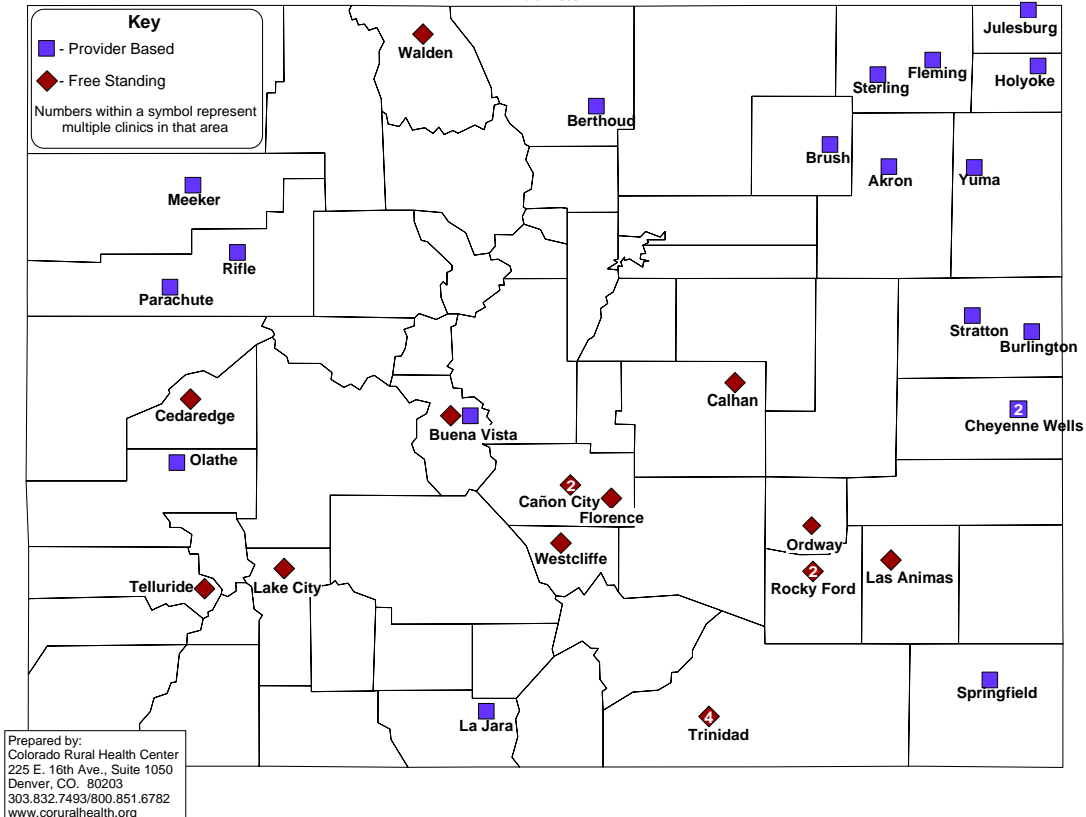
## Two Types of Rural Health Clinics

A Rural Health Clinic can be established as a Provider-based clinic or a Freestanding/Independent clinic. This determines which billing method is used. The key differences between the two types of clinics are defined below:

Clinic Type	Ownership	Medicare Reimbursement
Provider-based, affiliated with hospital with less than 50 beds.	Must be affiliated with a hospital, skilled nursing facility, or home health agency and must operate under common licensure and governance.	Cost-based under the hospital's reimbursement system. Not subject to capitated rate.
Provider-based, affiliated with hospital with greater than 50 beds.	Same as above.	Cost-based under the hospital's reimbursement system. Subject to capitated rate, set annually by Congress.
Freestanding/Independent	Established as a stand alone organization.	All-inclusive rate based on allowable costs for RHC core services divided by number of encounters for fiscal year.

Rural Health Clinics  
Provider-Based and Freestanding

March 2005



## Survey Response Summary

In order to sustain and improve the primary rural healthcare infrastructure, it is imperative to obtain baseline data for Rural Health Clinics (RHCs). This survey summary is the first in an ongoing series of biannual surveys that CRHC will conduct in its effort to identify how best to assist RHCs in Colorado, in addition to providing broader education of the important role RHCs play for rural health access. The key components of clinic access, efficiency, financial sustainability, and quality were preliminarily assessed in this survey, and the following summary provides a synopsis of the results.

With approximately 35% (N=13) of the 37 RHCs in Colorado responding, the data in this survey summary is in no way definitive or representative of ALL of the RHCs. Instead, it offers a solid initial assessment as a preliminary tool in preparation for future surveys and analysis. The data within this summary provides great insight into the roles of RHCs, the challenges faced, and raises important questions for the best next steps.

The survey indicators are consolidated into four key issue areas throughout this summary:

- **Access** (clinic hours, staffing, and services available)
- **Efficiency** (electronic data management and leadership role)
- **Financial Sustainability** (reimbursement and funding sources)
- **Quality** (staff training, support, and national benchmarks)

Each section provides a background on the issue area, an example of the delicate balance clinics face with the issue, a survey response summary, and a conclusion with succinct recommendations for RHCs and questions for policy makers to ask themselves.

## Access

There are a variety of ways one can attempt to measure a community's access to healthcare. For the purposes of this survey, access was measured by hours of operation, staffing, and services available. A first measure of access is whether a clinic is present in the community. However, depending on what services are available, staff expertise on hand, and when the clinic is open, all directly impact whether a community can get the medical care they need, when they need it.

### **A delicate balance:**

*A clinic must find the balance between having enough open hours, staffing, and services available to serve the needs of its community members and maintain market share, while also ensuring their clinic expenses (and overhead associated with longer hours and staff) don't outweigh patient revenue.*

### **Hours of Operation**

The survey results revealed a wide range of hours of operation, but there were also some key generalizations:

- All clinics are open five days per week, six have limited Saturday hours, and no clinics are open on Sundays
- The earliest hours begin at 8:00am, and the latest hours offered are until 7:00pm
- Half of the clinics utilize a variable hours schedule that varies by day – for example, longer hours Monday through Thursday, 8:00am – 7:00pm, with shorter hours on Friday, 8:00am – 4:00pm

Two other variables that are important in evaluating access include the holidays that a clinic is open and the options provided to a patient when the clinic is closed. Although we do not have data for holiday hours, we do know that all 13 clinics have an answering machine, voice mail and/or pagers that instruct patients to seek care at the nearest emergency room.

### **Staffing**

Staff levels vary greatly depending on the size of the community, number of patients, facility and many other variables.

#### **Average Medical Staff Hours per week**

- Physician service - 49 hours with a range from 8 to 108
- Physician Assistants - 47 hours with a range from 18 to 80
- Nurse Practitioners - 41 hours with a range from 4 to 80
- Certified Nurse Midwives are not utilized by any of the 13 clinics
- Registered Nurses - 43 hours with a range from 4 to 60
- Licensed Practical Nurses - 62 hours with a range from 8 to 160
- Certified Nurse Assistants - 44 hours with a range from 16-80
- Other medical support personnel - 50 hours with a range from 16 to 90
- Ancillary services such as laboratory personnel, radiology services and other ancillary services average 80 hours per week
- Pharmacy personnel average 40 hours per week
- Other professionals – Therapists, Podiatrists, and others average 25 hours per week

- Dental Services were not staffed by any of the 13 clinics
- Mental Health and Substance Abuse were not staffed by any of the 13 clinics

### **Average Administrative Staff Hours per Week**

- Reception personnel - 69 hours with a range from 21 to 160
- Patient registration personnel - 37 hours with a range from 4 to 80
- Medical Records and filing personnel - 46 hours with a range from 20 to 89
- Billing and Bookkeeping personnel average 88 hours per week
- Other financial personnel average 23 hours per week
- Other administrative requirements average 24 hours per week

It is important to note that many staff play multiple roles at the RHCs on a routine basis. For example, it is not uncommon for the administrative bookkeeper to help check in patients or for the provider to help with administration. Although this sharing of roles can be effective, it is important to assess whether additional roles are interfering with the assigned duties and whether the task is the best use of the staff person's time. The goal is to serve patients as effectively as possible, while also running the clinic as efficiently as possible (see the Efficiency section for more on this issue).

Despite the broad variance in survey responses, consistent gaps exist among all RHCs, including staffing for dental and mental healthcare. Regardless of whether this is an intentional gap in services based on resources (space, staffing, funding), it is important to assess the other options available to the community to attain those services. If dental or mental healthcare is 100 miles away, it may be worthwhile for the clinic to assess how they might offer such services. If it is impossible for the clinic to offer the services, it may be possible to partner with another county to share a provider to meet the needs of the community.

### **Clinic Services Available**

Every community has different service needs, and there is a great variance in what is offered at RHCs across Colorado. The survey questioned clinics about what services they offer and how. The clinics indicated whether the RHC offers the service directly, uses a visiting provider or whether it is referred out. The table in *Appendix B* provides a list of all services offered by the clinics. The following is a summary of the 13 clinic responses:

- All clinics provide family planning services, sports physicals and Department of Transportation (DOT) physicals.
- No clinics directly provide ultrasound, genetic counseling/testing, amniocentesis, 24-hour crisis intervention, dental care, occupational or physical therapy, outreach, or transportation assistance through the RHC or through a visiting provider. However, almost all clinics do refer these services out.
- A majority of clinics (>6) offer the following services:
  - General primary medical care
  - Diagnostic X-rays, tests and screening
  - Emergency Medical Services
  - Urgent Medical Care

- 24-hour coverage
  - HIV testing
  - Immunizations
  - Following hospitalized patients
  - Gynecology care
  - Postpartum care
  - Developmental screenings, vision screening
  - Employment, DOT, and sports physicals
  - Health education
  - Nursing home care
- A majority of clinics (>6) do not offer the following services:
    - Diagnostic laboratory, prenatal care, antipartum fetal assessment, labor and delivery care, TB therapy, other specialty care, mental health, substance abuse, hearing screening, nutrition beyond WIC, PT, pharmacy, WIC services, speech therapy, case management, child care, eligibility services, physicals, translation, hospice, home visiting, home health, parenting education, or chiropractic
  - RHCs are most likely to use visiting providers to offer these services:
    - Gynecology care, mental health treatment/counseling, prenatal care, TB therapy, developmental screening, 24-hour crisis intervention, substance abuse services, hearing screening, occupational and vocation therapy, physical therapy, WIC, and speech therapy



**CRHC Services to Assist with Accessibility**

**CROP** (Colorado Rural Outreach Program) provides loan repayment for healthcare providers in rural areas.

**CPR** (Colorado Provider Recruitment) helps place providers (physicians, PAs, Nurse Practitioners, Dentists, and Hygienists) in rural and underserved communities.

## Access Recommendations

*Clinic staffing, hours of operation, and services need to match the demand from the community.*

Indicator	Rural Health Clinics	Legislators/ Policy Makers
<p>Clinic Hours of Operation</p> <p>*This can be conducted through a community meeting or a short survey while patients are in the waiting room.</p>	<p>Conduct a comprehensive review* of number of patients seen, demand for appointments, and waiting period to schedule an appointment.</p> <p>Once the annual primary care demand estimate is identified, it can be used to calculate average demand per day.</p> <p>Compare the data above with the productivity standard to determine how many days the clinic should be open.</p>	<p>Do you know where RHCs are located in your district?</p> <p>Are they meeting community need?</p> <p>If not, how do they plan to do so?</p> <p>If they are meeting it, are they sustainable financially?</p>
<p>Staffing</p>	<p>Using the results of the comprehensive review above, evaluate the role of staff to assess whether this is the best use of their time. If additional providers are needed, begin a recruitment effort.</p> <p>Assess whether more clinic administration hours are needed and/or a full time administrator.</p> <p>One key to avoid provider burnout is to reduce time spent on administrative activities.</p> <p>Identify gaps in services available and whether it is something the RHC can provide – mental and dental health care, social services, case management, etc.</p>	<p>Does your district RHC not offer a service the community needs?</p> <p>Is the clinic facing provider shortage issues?</p> <p>If so, is there a recruitment effort in place you could assist with?</p> <p>What policies could help bring providers to rural Colorado? (i.e. rotation requirements for med students, loan repayment, tax credit, etc.)</p>
<p>Services Available</p>	<p>Conduct a survey to determine if patients feel they are receiving the healthcare services they need.</p> <p>Begin discussion re: service expansion, equipment requirements, and clinical training, if appropriate.</p> <p>Collaborate with other RHCs to expand service options either by duplicating their approach or sharing a visiting provider to offer a service.</p> <p>Increase patient awareness of services offered via marketing, flyers, website, health fairs, newspaper.</p>	<p>Do you know what services the RHCs in your district offer?</p> <p>How far away are other medical services or referrals?</p> <p>Are there any ideas you have to help promote awareness in the community about services?</p>

## Efficiency

Another key component in balance for an RHC is how efficiently the organization conducts business. Clinics are facing growing pressure to contain costs and maximize reimbursement in order to be able to continue offering quality healthcare to those in need. One key way to contain costs is to ensure that the clinic manages their administrative (paperwork, billing, collections), leadership, and data needs (patient data, follow-ups, HIPAA) efficiently.

### **A delicate balance:**

*A clinic must find the balance between meeting their immediate patient care needs and long-term efficiency. For example, maximizing computers and staffing expertise can incur high initial costs, yet the long-term efficiencies gained may greatly outweigh the investment.*

### **Data**

How a clinic tracks, retrieves, and utilizes data from patients, vendors, and funders is extremely important to the overall efficiency of a clinic. Based on the responses of the 13 RHCs, we found that 30% do not use a computer to track data, billing information, and patient records. The number of patients currently seen by all 13 clinics varies greatly, making patient management needs different depending on patient flow. Computers can often help establish a more efficient collections process and can improve practice management. Many electronic billing systems are now web-based and easier to manage than in the past. Optimum use of all systems requires training and support for all staff that use them for any specific function.

Making the assumption that utilization of computers to track data is an enhanced efficiency for RHCs to implement, it is important to note that of the 10 clinics using computers, most of them use different software including:

- Quickbooks Pro, Meditech, Healthcare Management Systems, Medical Manager, Lytec/Practice Partner, Meditec, Dairyland, Quicken, Microsoft Excel, PCN from WebMD

Different clinics utilizing different software may not generally be considered inefficient; however, it is an important consideration when encouraging clinics to work together and in gathering statewide statistics and data. Clinics using the same software may be able to work together to negotiate discounted fees for services and products from vendors; vendors may be willing to create capacities for tracking common data sets if a number of clinics are requesting the same information; and working together, clinics may be able to problem-solve software and data collection issues.

### **Governance**

Another aspect of clinic efficiency is in relation to how a clinic is managed and governed. RHCs can be created and owned in a variety of structures. Although the survey did not go into extensive detail, the following pie chart demonstrates that the majority of clinics are privately owned or hospital owned. In addition, 7 out of the 13 clinics have a Board of Directors in place to facilitate governance of the clinic.

### RHC Ownership Status



The leadership of the clinic is a key component of efficiency. Ideally, the clinic has a separate administrator to manage the office and oversee administrative needs so that the providers can focus on care delivery. However, although the survey revealed that the majority of RHCs do have an administrator, almost half of the clinics also have a provider playing an administrative or managerial role:

- 71% of clinics have an administrator in charge
- 28% have a physician in an administrative role
- 14% have a midlevel provider in an administrative role

### Efficiency Recommendations

*Utilizing staff expertise as effectively as possible, while also maximizing electronic data management, is key to increasing provider retention, improving administrative efficiency, and increasing collections.*

Indicator	Rural Health Clinics	Legislators/ Policy Makers
<b>Data Management</b>	<p>Now is the time to prepare for mandatory electronic billing by all payers (public and private) in the near future:</p> <ul style="list-style-type: none"> <li>• Maximize resources related to EMR and other technology to increase collections, track patient records, and facilitate overall office operations.</li> <li>• Join with multiple RHCs to group purchase software and staff training from vendors to decrease costs.</li> <li>• Connect to the internet – either for a web page, resources, or electronic patient data entry.</li> </ul>	<ul style="list-style-type: none"> <li>• Does the RHC in your district use computers?</li> <li>• Do they have a web site?</li> <li>• What do they need to prepare for electronic billing – to ensure that they will be ready when all payers require electronic billing/records?</li> </ul>
<b>Governance/ Leadership</b>	<ul style="list-style-type: none"> <li>• Assess staff responsibilities, transfer as many non-clinical tasks from the provider as possible.</li> <li>• Maximize the Board of Directors role in assisting with action items.</li> <li>• If the clinic does not have a Board, talk to other RHCs about whether or not a Board would be an asset.</li> </ul>	<p>Learn how the RHC is structured in your community and get to know the leadership, as well as who runs the clinic day to day.</p>

# Financial Sustainability

The ability of an RHC to continue providing access to healthcare is hinged on its ability to keep the doors open – financially. In order to maintain a focus on patient care, it is essential that a sound reimbursement mix and collections processes are in place.

### A delicate balance:

*A clinic must find the balance between providing healthcare to those in need, while also maintaining diverse funding sources and adequate reimbursement to sustain financial stability for years to come.*

In this survey, 13 RHCs provided information regarding the insurance companies they contract with, average encounter rates, and the clinic payer mix. Although the data is a small sample initial snapshot, it provides an idea of the source of the basic financial funding for the 13 clinics:

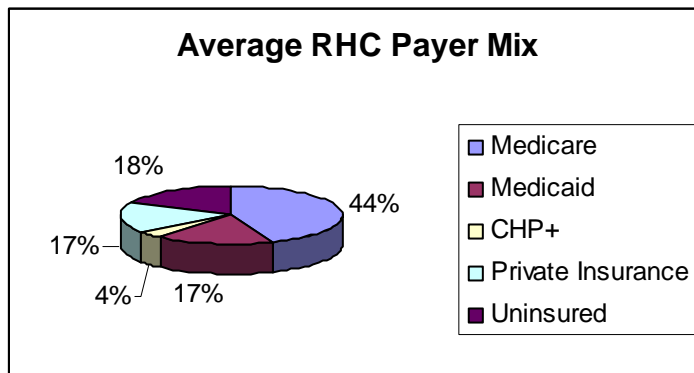
### Health Plans:

Survey respondents participate in the following plans:

Private Health Plan	# of Clinics
Anthem	7
CIGNA	5
Colorado Access (Access Health Plan)	1
Pacificare	7
Rocky Mountain Health Plan	8
United HealthCare	6
Other	6

### Payer Mix:

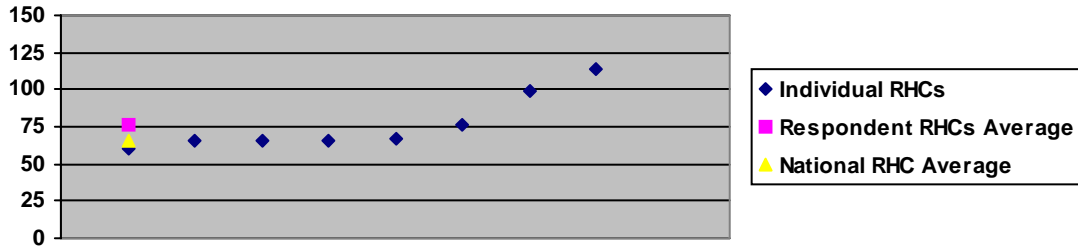
The payer mix of a clinic is critical to its overall financial health. Knowing the payer mix at a clinic is essential for the RHC to accurately manage its financing, adjust its sliding fee scale and ultimately remain financially viable. The average payer mix varies by clinic depending on the demographics and socioeconomic status of the community it serves. As a result of many RHCs currently lacking the technology to automatically track payer mix, the survey data was quite limited. However, based on the survey respondents that provided payer mix data, the average payer mix is presented here:



**Encounter Rate:**

In addition to the payer mix at a clinic, another key factor to financial sustainability is the encounter rate. Encounter rates for the RHCs surveyed vary greatly from a low of \$59 to a high of \$113 per visit. Encounter rates are based on projected costs per patient visit. The broad variance is an example of how consistent billing and efficient administration can impact the overall funding stability of a clinic.

**RHC Encounter Rates vs. National Average**

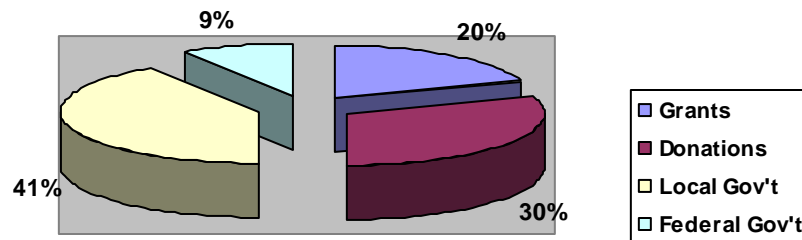


The average encounter rate for the Rural Health Clinics responding to the survey is \$75.74 (shown on the graph above in pink). This is slightly higher than the national average.

**Funding Sources**

It is important for clinics to diversify their funding sources just like a savings portfolio, so that changes in reimbursement from one source don't jeopardize the entire livelihood of the clinic. Diversity of funds allows a clinic to be less dependent and reliant on one funding source or to be acutely impacted by a reduction in reimbursement from one source or decreased funding from another. Of the 13 clinics responding, the following funding sources were reported:

**Funding Resources Reported by Respondent RHCs**



**CRHC Services to Assist with Financial Issues**



**CAS** (Clinic Assistance Services) includes a catalogue of fee for service options at a reduced cost to RHCs, including financial planning, assistance with billing and reimbursement issues, cost reporting, fundraising, and strategic planning.

## Financial Recommendations

*Implement consistent billing practices, diversify funding sources and, if possible, solicit outside expertise to help analyze and identify how the clinic can improve its fiscal health.*

Indicator	Rural Health Clinics	Legislators/ Policy Makers
<b>Reimbursement</b>	<p>Limited time and resources often make utilizing outside reimbursement expertise a good option for clinics. The initial costs incurred will pay off as mechanisms will be put into place for the present, and provide tools to continue managing finances effectively in the future. Steps to improve reimbursement include:</p> <ul style="list-style-type: none"> <li>• Collect financial information in a standardized fashion and be consistent/computerized in billing and collection procedures</li> <li>• Evaluate fees and sliding fee schedules on an <i>annual basis</i> to meet the needs of low-income patients, while also balancing incoming revenue (i.e. set fees high enough to capture 100% of third party payments)</li> <li>• Learn how other clinics have increased encounter rates</li> <li>• Utilize consistent billing practices for all eligible services</li> <li>• Maximize Medicare billing (i.e. when billing Medicare, list actual charges for each service, and do not list the all-inclusive rate amount)</li> <li>• Charge Medicare regular charges, not the RHC capped rate, and bill the co-insurance to the patient</li> <li>• Recover as many allowable costs as possible on the Medicare cost report. For example, depreciation, salaries and wages, payroll taxes, health and life insurance, paid vacation, sick leave, and education courses.</li> </ul>	<p>Will you have the opportunity to make decisions that help project enhancement or increase funding for RHCs?</p>
<b>Funding Mix</b>	<ul style="list-style-type: none"> <li>• Track the number of patients served, payer mix, and number of uninsured patients</li> <li>• Diversify funding mix and take advantage of the variety of funding options available, which include foundations, government, scholarships for provider recruitment, local government support from the CO Dept. of Local Affairs (DOLA)</li> <li>• Note: Improving access to rural health care is a priority for a number of foundations in Colorado</li> </ul>	<ul style="list-style-type: none"> <li>• Do you know of potential funding sources you could connect with your local RHC?</li> <li>• Do you have an idea for an expansion project?</li> </ul>

## Quality

An RHC must ensure its patients and community, as well as funders, that the highest level of quality care is delivered by the clinic. The survey did not contain a section specific to quality, but did collect information from respondents regarding current education and training available and the need for additional training and education related to quality.

### **A delicate balance:**

*Clinics must find the balance between maintaining well-trained staff and delivering quality health care without clearly articulated benchmarks and resources to help assist in this effort.*

### **Staff Training**

The survey asked clinics about their current staff training programs in place. Although 28% (4) of the 13 clinics reported having no staff training in place, other clinics offer training related to OSHA, HIPAA, patient management, ACLS, CPR, PALS, and IV certification.

In addition, the clinics were asked to share unmet training and technical assistance needs. The following areas of need were identified:

- General administration/business operations
- Financial/Billing/Coding
- Electronic Medical Records
- Workers Compensation
- Limited Scope Radiology
- Policy & Procedure development
- Computer/software training
- Clinical training

With limited resources, most clinics focus only on required training. The lack of time, funding, and educational resources are current obstacles to obtaining additional training.

### **National Benchmarks**

National quality benchmarks for RHCs are not currently available; however, the Centers for Medicare & Medicaid Services released revised RHC regulations on December 24, 2003 that included a requirement for implementing a Quality Assurance and Performance Improvement (QAPI) program. The regulations have not been implemented to date, and the QAPI requirements are not yet mandatory. However, RHCs are encouraged to begin implementing processes based on the proposed regulations.

## Quality Recommendations

*RHCs must balance resources to ensure quality patient care, quality staff training and preparedness to the best of their ability, with limited national guidance or benchmarks available.*

Indicator	Rural Health Clinics	Legislators/Decision-makers
<b>Staff Training</b>	<ul style="list-style-type: none"> <li>Identify staff training needs and potential funders and organizations willing to sponsor continuing education</li> </ul>	<ul style="list-style-type: none"> <li>Are there any emergency training needs for your local RHC?</li> <li>Are you aware of resources available to help implement low cost training programs?</li> </ul>
<b>National Benchmarks/QAPI Program</b>	<ul style="list-style-type: none"> <li>Contact CRHC or the National Association for Rural Health Clinics to learn more and how to incorporate national benchmarks and QAPI processes into your strategic plan</li> </ul>	Learn about Medicare's revised proposed rules for RHCs. Work with your local RHC to address the pros and cons at the congressional level.

### CRHC Services to Assist with Quality Improvement



CRHC has a packet of tools and resources for Rural Health Clinics to assist in implementing Quality Assurance & Performance Improvement programs. CRHC contracts with the Colorado Foundation for Medical Care, Colorado's Quality Improvement Organization (QIO) to provide on site technical assistance to rural facilities.

## Summary

Colorado's Rural Health Clinics represent a significant fraction in the rural primary care infrastructure throughout the state. Rural healthcare needs vary greatly by community and as a result, it is imperative that RHCs are equipped with the resources needed to meet community needs. RHCs exist in a variety of structures and sizes, and although they may not offer the comprehensive services provided by outpatient primary clinics in urban areas, RHCs provide the critical primary and ancillary care rural residents need in order to access basic healthcare services.

The 37 RHCs scattered throughout the mountains, plains, and valleys of Colorado are adept at maximizing limited resources. However, with the rising rate of uninsured and escalating healthcare costs, the ability to sustain financial security and continue to make healthcare services available at the local level is challenging. Whether the issue is the need to move towards enhanced health information technology, expansion of services, staff training, or recruitment of additional providers, RHCs must maximize efficiency, while maintaining their efficacy. Community size, scope of service, business practices, and ownership shape the resources and assistance that are important to each clinic.

In order for RHCs to have continued viability, it is essential that all key players recognize the role of RHCs, and identify what how to help sustain and improve this valuable program. Most notably:

- Legislators at the local, state and national level can use this initial assessment to continue the momentum to educate colleagues about the RHC program, and support policies that will help RHCs thrive.
- RHCs can take prudent strategic planning steps to secure their own futures by engaging local resources (Boards of Directors, community members, and outside expertise) to conduct thorough needs assessments. The results will be a short- and long-term outlook for how to improve access, efficiency, financial sustainability, and quality. In addition, the RHC community can be a voice for patient needs by building relationships with their local commissioners, state legislators and community leaders for advocacy purposes. Lastly, each RHC's individual voice will be magnified by collaborating with other RHCs to clarify issues, develop clear messages, and help in identifying solutions.

### How CRHC Assists Rural Health Clinics



As the State Office of Rural Health, CRHC provides information, linkages, and resources to RHCs statewide. Each year in April, CRHC holds an annual RHC Forum, the only statewide opportunity for RHCs to come together for education, updates, and networking. Through the CAS (Clinic Assistance Services) program, CRHC offers fee for service technical assistance at a reduced cost to RHCs. CRHC maintains an RHC web page, online discussion board, and provides weekly updates to RHCs on policy and reimbursement issues and funding opportunities.

## Appendix A - Survey Tool

### Colorado Rural Health Center Rural Health Clinic Survey

Your answers to the following survey will be utilized to help develop a report on Colorado's Rural Health Clinics (RHCs.) The completed report will assist CRHC, RHCs, and others in learning about strengths and weaknesses, best practices and opportunities for technical assistance and training. Your participation is greatly appreciated. Please complete the questionnaire and return it by email or fax (303-832-7496). Contact us at 800-851-6782 or [info@coruralhealth.org](mailto:info@coruralhealth.org) if you have any questions.

Your Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Community: \_\_\_\_\_

#### **A. Clinic Activity:**

1. What services does your clinic provide? Please complete the attached "Check List of Services Offered" (Page 4). Please mark the services the clinic offers and how they are provided.
2. What hours is the clinic open for patients? Are extended hours available?  
(Example: Mon, Wed and Fri – 8am to 5pm)
3. What happens when a patient calls the clinic and the clinic is closed?
4. What are your estimated staffing and hours per average week?  
Please complete the attached chart "Estimated Staffing and Hours per Average Week" (Page 5).

#### **B. Data Management:**

1. Do you use a computer to keep track of data?  
 Yes       No
2. If yes, what software do you use?
3. How many active patients does your clinic have currently?

**C. Third Party Payment Sources:**

1. What is your RHC rate per encounter? \$ \_\_\_\_\_
2. Are your providers on the panel of any of the following insurance companies? For each plan, what is your current contract rate?

Health Plan	Yes	No	Rate
Anthem			\$
CIGNA			\$
Colorado Access (Access Health Plan)			\$
CHP+			\$
Pacificare			\$
One Health Plan			\$
Rocky Mountain Health Plan			\$
United HealthCare			\$
Other			\$

3. Please complete the following chart to provide information on the number of patients and visits for each payment source PER YEAR:  
This data is based on the following 12 month time period:

\_\_\_\_\_ (mo/yr) through \_\_\_\_\_ (mo/yr)

\*If you are unable to provide the number of patients, please number your top 10 payment sources during the past calendar year. Use number one for the highest volume and number ten for the lowest.

Payment Source	Number of Patients*	Number of Visits
Medicare		
Fee for Service		
Managed Care		
Medicaid		
Fee for Service		
Managed Care		
Anthem		
CIGNA		
Colorado Access (Access Health Plan)		
CHP+		
Pacificare		
One Health Plan		
Rocky Mountain Health Plan		
United HealthCare		
Uninsured or Self Pay		
Sliding Fee		
Unreported/Unknown		
Other Insurance		
Other		

**D. Does your clinic have income from any of the following sources?**

<b>Funding Source</b>	<b>Yes</b>	<b>No</b>
Grants		
Donations		
Local government support		
Federal government support		
Contractual Revenue (Medical Svcs, Leases)		
Other program income? (please describe)		

**E. Governance/Organization:**

1. Who owns your clinic?

- Hospital
- Not for Profit Organization
- Privately Owned Business
- Public Organization

2. Who oversees the day-to-day operations of the clinic?

- Administrator/Manager
- Midlevel
- Physician
- Other \_\_\_\_\_

3. Do you have a Board of Directors?

- Yes
- No

4. If yes, how many members are on your board?

5. Are there certain criteria as to how board members are picked?

- Occupation
- Race/Ethnicity
- Age
- Other \_\_\_\_\_

**F. Technical Assistance:**

1. What kind of staff training programs do you currently have in place?

2. What kind of training and technical assistance do you think you need?

## Appendix B – Checklist of Services Offered

Per question A1 - please complete the following chart. Please check the services your clinic offers and how they are provided.

### CHECK LIST OF SERVICES OFFERED

Medical Services	Provided by RHC Staff	Offered by Visiting Provider	Requires Referral Out
1. General Primary Medical Care (other than below)			
2. Diagnostic Laboratory (technical component)			
3. Diagnostic X-ray Procedures (technical component)			
4. Diagnostic Tests/Screening (professional component)			
5. Emergency Medical Services			
6. Urgent Medical Care			
7. 24-hour Coverage			
8. Family Planning			
9. HIV Testing			
10. Immunizations			
11. Following Hospitalized Patients (Inpatient and/or Outpatient Services)			
<b>Obstetrical and Gynecological Care</b>			
12. Gynecology Care			
13. Prenatal Care			
14. Antepartum Fetal Assessment			
15. Ultrasound			
16. Genetic Counseling and Testing			
17. Amniocentesis			
18. Labor and Delivery Professional Care			
19. Postpartum Care			
<b>Specialty Medical Care</b>			
20. Directly Observed TB Therapy			
21. Other Specialty Care			
<b>Mental Health/Substance Abuse Services</b>			
22. Mental Health Treatment/Counseling			
23. Developmental Screening			
24. 24-hour Crisis Intervention/Counseling			
25. Substance Abuse Services			
26. Other Medical Health Services			
<b>Other Professional Services</b>			
27. Dental Care			
28. Hearing Screening			
29. Nutrition Services other than WIC			
30. Occupational or Vocational Therapy			
31. Physical Therapy			
32. Pharmacy			
33. Vision Screening			
34. WIC Services			
35. Speech Therapy			
<b>Other Services</b>			
36. Case Management			
37. Child Care			
38. Eligibility Services			
39. Employment Physicals			
40. Sports Physicals			
41. DOT Physicals			
42. Environmental Health Risk Reduction (via Detection/Alleviation)			
43. Food Bank/Delivered Meals			
44. Health Education			
45. Housing Assistance			
46. Interpretation/Translation Services			
47. Nursing Home			
48. Hospice			
49. Outreach			
50. Transportation			
51. Home Visiting			
52. Home Health			

53. Parenting Education			
54. Chiropractic			
52. Massage			
53. Other (Specify)			

Per question A4 – please complete the chart below.  
**Estimated Staffing and Hours per Average Week**

<b>Personnel by Major Service Categories*</b>	<b>Hours per Average Week**</b>
<b>Medical Services</b>	
1) Physician Services	
2) Physician Assistants	
3) Nurse Practitioners	
4) Certified Nurse Midwives	
5) Registered Nurses	
6) LPNs	
7) CNAs	
8) Other Medical Support Personnel	
<b>Ancillary Services</b>	
9) Laboratory Services Personnel	
10) X-Ray Services Personnel	
11) Pharmacy Personnel	
12) Other Ancillary Services	
<b>Dental Services</b>	
13) Dentists	
14) Dental Hygienists	
15) Dental assistants, Aides, Technicians and Support	
<b>Mental Health &amp; Substance Abuse Services</b>	
16) Mental Health & Substance Abuse Specialists	
17) Mental Health & Substance Abuse Support Personnel	
18) Other MH & SA Services	
<b>Other Professional &amp; Other Services</b>	
19) Other Professionals (Therapists, Podiatrists & Other)	
20) Case Manager and Educational Specialists	
21) Outreach Workers, Transportation Staff & Other Services	
22) Other Professional and Other Service Support Personnel	
<b>Administrative and Clinic Support Personnel</b>	
23) Reception	
24) Patient Registration	
25) Patient Records/Filing	
26) Liaison With Board (Minutes, Fiscal Report, Board Packet)	
27) Billing and Bookkeeping Services	
28) Other Financial Work	
29) Other Administrative Work	

\*This information may be obtained from a quarterly payroll report.

\*\*If you prefer to report by month, please cross out “week” in the 2<sup>nd</sup> column and substitute “month.”

Thank you for your time and willingness to participate in the Colorado Rural Health Center’s survey. A summary of the survey results will be distributed to all the Rural Health Clinics.

Appendix C – RHC Tool Kit Information

**NOW AVAILABLE**  
**CRHC Rural Health Clinic Tool Kit**



*The Colorado Rural Health Center has developed the Rural Health Clinic Tool Kit to serve as a resource for all of Colorado's Rural Health Clinics and the agencies and communities working with them.*

**Tool Kit information includes:**  
***History of the RHC Program***  
***How to become an RHC***  
***Survey Process***  
***Definitions***  
***Terms, Acronyms, & Abbreviations***  
***Local, state, & national resources***  
***And much more!***

**Copies of the Tool Kit can be obtained at the Rural Health Clinics Forum (Each RHC will receive a complimentary Tool Kit; additional copies can be purchased for \$15)**

**Colorado Rural Health Center**  
**225 E. 16<sup>th</sup> Avenue, Suite 1050 Denver, CO 80203**  
**Phone: 303-832-7493 or toll-free from rural Colorado 1-800-851-6782**  
**Email: [info@coruralhealth.org](mailto:info@coruralhealth.org) Website: [www.coruralhealth.org](http://www.coruralhealth.org)**

## Colorado Rural Health Center

The Colorado Rural Health Center (CRHC) serves as Colorado's not-for-profit State Office of Rural Health. The organization's mission is "to enhance healthcare services in Colorado by providing information, education, linkages, tools & energy toward addressing rural healthcare issues." Funding includes membership dues, conference and workshop fees, private grants, contracts, and the SORH grant. Started in 1991, CRHC has grown to include membership of over 1000 individuals, students, organizations and corporations statewide. Members elect the Board of Directors, a majority of whom must be from rural areas. CRHC has a staff of 11 FTEs. While membership based, CRHC serves members and nonmembers throughout the state of Colorado to address a wide spectrum of rural health issues.

### Activities & Programs:

- **Information Clearinghouse** CRHC maintains an information clearinghouse on local, state and national rural health issues. It also houses a resource library with books, journals and tapes that are available to members. CRHC collects statistics on rural health issues, develops reports on key issues, and generates county profiles for each rural county in Colorado. Information is disseminated in the quarterly newsletter, *Special Delivery*, and in a monthly update, *Express Delivery*. Through a 1-800 number, CRHC responds to hundreds of questions each year regarding rural health issues.
- **Technical Assistance** Technical assistance is provided through workshops, phone calls, referrals, distribution of materials and site visits. Board members are often called upon to provide assistance and serve as a resource in their area. Assistance is also provided in the form of *Seed Grants*. Five percent of CRHC's revenues are set aside for awards up to \$500 for rural healthcare projects.
- **Coordination** CRHC staff and board members serve on numerous committees, boards and task forces statewide and nationally. Membership and Outreach meetings are held quarterly in different rural areas. Each year CRHC coordinates a popular Rural Health Conference involving participants from all over the state bringing a large array of rural health interests to the table.
- **Recruitment & Retention** CRHC works with a group of 12 public and private agencies statewide to address rural health professional shortages. This group is called CoRRRN (Colorado Rural Recruitment and Retention Network). CoRRRN works cooperatively to identify and address a variety of health workforce issues. In 2004, CRHC received a three-year \$1.4 million grant to support its various rural workforce projects.
- **Hospital and Clinic Programs** Through federal grant funding, CRHC administers a wide variety of services and support for the 25 Critical Access Hospitals in Colorado. CRHC also provides ongoing technical assistance, resources and fee for service activities for the state's certified Rural Health Clinics.

For additional information, contact CRHC at 303-832-7493, or from rural Colorado 1-800-851-6782. Email us at [info@coruralhealth.org](mailto:info@coruralhealth.org). Visit our website at [www.coruralhealth.org](http://www.coruralhealth.org).