Rural Health and Care Management

5 Reasons Why Medicare's CCM Program Is a Necessity for Every Rural Health Provider

The application of value-based care programs within the healthcare system continues its expansion throughout the country, with the intent of achieving the "triple aim" of improved health, better care and lower costs. Not surprisingly, the institution of these programs seems to lag behind in many of the United States rural communities. However, programs like Chronic Care Management (CCM) are tailor-made for a rural population – here are a few reasons why:

- **Rural areas encounter higher rates of chronic conditions.** A 2017 study from the National Center for Health Statistics reported that rural residents have higher rates of multiple chronic conditions than urban residents (3.7% more with 2-3 chronic conditions) and higher rates for a majority of the most common chronic conditions (high cholesterol – 3.6% greater, hypertension – 5.5% greater, diabetes – 1.6% greater, arthritis – 6% greater). The heightened occurrence of chronic conditions combined with a higher concentration of elderly inhabitants in rural areas further exposes the issue. This leads to the next logical yet formidable statistic…
- **The rural population is at a higher risk of death.** A 2017 report from the CDC shows that those living in rural areas are more likely to die from the leading causes of death – including heart disease, stroke, chronic lower respiratory disease and cancer – than those living in urban areas.
- **Rural people with chronic conditions struggle with behavioral/mental health challenges.** Results from a study funded by the National Institute on Minority Health and Health Disparities (NIMHD) found that 53% of the study's participants likely suffered from depression. It is certainly not a reach to understand the difficulties in managing a patient's physical issues when they are burdened by behavioral ones.
- **Care Management/Coordination initiatives work**. A program introduced by High Plains Community Health Center, a rural FQHC in Colorado, resulted in improved health outcomes in patients suffering from chronic conditions (notably cardiovascular disease and diabetes), along with approximately $500,000 per year in savings, largely in part through the increase in patient visits per provider hour resulting from operational improvements introduced by the program.
- **The CCM program can bypass the traditional barriers to improved health outcomes in the rural community**. The high majority of CCM services, while under the direction of a physician, can be provided through clinically accredited resources such as Nursing Specialists and Medical Assistants, reducing a limitation defined through a shortage of local physicians who are generally stretched thin. In addition, the program encourages non-face-to-face engagement between the patient and their clinical care team resources – to the point where services provided in an office setting do not qualify toward the program – allowing the patient to overcome the challenges that result from having to travel long distances to visit their health care providers.

We can also introduce a sixth reason to the list – the financial opportunities are significant. The 2019 payment rate for the CCM program in RHCs and FQHCs is $67.03. With the 20 minute per month time requirement, accredited clinicians can easily manage a group of 200 qualified chronic patients per month and introduce over $160,000 in new revenue per year. For more information on the CCM program, please see below:

CCM Fact Sheet: https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf

CCM RHC FAQ: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf

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