



## ***Rhode Island's Ten Community Health Centers***

Rhode Island is home to ten Community Health Centers located in 27 sites. Together, these health centers care for over 120,000 Rhode Islanders every year - nearly 12% of the state's population.

Community Health Centers are non-profit primary care providers that offer high-quality, low-cost primary care to Rhode Island's most vulnerable populations. In doing so, they naturally provide care in a patient centered medical home setting.

## **Community Health Centers and Medical Homes**

### **What is a Patient Centered Medical Home?**

The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults.<sup>1</sup> The model integrates patients as active participants in their health, and utilizes a physician-led medical team approach that coordinates all aspects of a patient's care. The medical team provides for all the patient's health care needs, for all stages of life, or appropriately arranges care with other qualified professionals.

***"People living near a health center are less likely to go to the emergency room and less likely to have unmet critical medical needs."***<sup>7</sup>

-- President Obama

### **Common Features of a Patient-Centered Medical Home:**

- Whole person orientation – team-based approach at medical office provides for all the patient's healthcare needs, for all stages of life
- Care coordinators at health centers to help patients schedule and keep appointments with specialists
- Evidence-based medicine and clinical decision making tools
- Electronic medical records improve efficiency and clinical outcomes, aid in quality improvement and streamline resource management

### **Patient-Centered Medical Homes Improve Care:**

- Reduce administrative burden for primary care practices through supportive cross-payer collaborations
- Provide consistent support of quality improvement efforts
- Increase patient time spent with providers due to reasonable, adjusted financial incentives
- Increase patient satisfaction with care received, thanks to multiple-clinician involvement in case management

### **Patient-Centered Care Provided at Community Health Centers Saves Money:**

- Medical expenses for health center patients are 41% lower than those for patients seen elsewhere.<sup>2</sup>
- If every American made use of primary care similar to that provided at health centers, the health care system would see \$67 billion in savings each year.<sup>3</sup>
- Patients with medical homes benefit from:
  - fewer emergency room visits
  - fewer hospitalizations
  - lower overall costs
  - better prevention
  - fewer unmet needs
  - higher patient satisfaction.<sup>4</sup>
- In Rhode Island, health centers help divert avoidable emergency department visits, saving \$61.8 million in 2006.<sup>5</sup>

## Rhode Island's Medical Home Pilot Project:<sup>6</sup>

- The Rhode Island Chronic Care Sustainability Initiative (CSI-RI) started as a pilot project in 2008. There is currently legislation proposed to expand the program statewide.
- Multi-payer, public-private PCMH project, convened by the Office of the Health Insurance Commissioner of Rhode Island.
- 28 physicians in 5 practices participating throughout RI, including one community health center, covering 24,000 patients.
- 8 expansion sites covering an additional 22,000 patients to join network in Spring 2010.
- Insurers pay providers an additional per-member-per-month fee to support the patient-centered medical home model.
- Insurers support nurse care manager(s) stationed at each site, responsible for patient care coordination.
- Goal is to decrease costs for both patients and providers, and improve the quality of patient care, through provision of comprehensive and coordinated care.



***“In medical homes, doctors treat patients in teams. So there’s coordination to reduce duplicate and unnecessary tests.”<sup>8</sup>***

**-- Kathleen Sebelius, Secretary of Health and Human Services**

## Patient-Centered Medical Homes Succeed for Local Families

In 2009, “Anna” moved to Providence to be near her family and to find better health care. Upon her arrival, Anna made an appointment for her young son at Thundermist Health Center. During her welcome visit, Anna handed her bag of medications to a social worker, hoping to receive some guidance in their management. Later that same day, Anna was diagnosed with diabetes by a doctor in the Adult Medicine Department. Anna received both education about her condition and self-management tools, such as a glucometer, free of charge. Anna’s nurse also sensed that she was distressed, and proceeded to coordinate an appointment for her with a behavioral health counselor. Thundermist quickly became Anna’s medical home. She later scheduled appointments with the Women’s Health and Dental departments, and her chronic headaches were eventually relieved through diagnosis of poor eyesight. Anna substantially improved her quality of life thanks to her health care team at her medical home.

## Citations

- 1 Joint Principles of the Patient Centered Medical Home, <http://pcpcc.net/content/joint-principles-patient-centered-medical-home>, (last visited 10/1/2009).
- 2 *Access Granted, The Primary Care Payoff*, report of the Robert Graham Center, National Association of Community Health Centers and Capital Link, August 2007, available at [http://www.nachc.com/client/documents/blogs/Access\\_Granted\\_FULL\\_REPORT.PDF](http://www.nachc.com/client/documents/blogs/Access_Granted_FULL_REPORT.PDF) (last visited 10/1/2009).
- 3 Id. (citing the Lewin Group’s findings, published at Spann SJ. “Task Force 6: Report on Financing the New Model of Family Medicine.” December 2004 *Annals of Family Medicine* 2 (2 Suppl 3):S1-21).
- 4 Id. citing Starfield B and Shi L, “The Medical Home, Access to Care, and Insurance: A Review of Evidence.” May 2004 *Pediatrics* 113(5): 1493-1498).
- 5 “America’s Health Centers: Making Every Dollar Count,” National Association of Community Health Centers link, December 2006, available at <http://www.nachc.com/client/documents/issues-advocacy/policy-library/research-data/fact-sheets/Cost-Effectiveness-Fact-Sheet-12-06.pdf> (last visited 3/12/10).
- 6 Rhode Island Pilots Innovative, Cross-Payer Patient-Centered Medical Home Model, Center for Health Care Strategies, Inc, July 2009, [http://www.chcs.org/publications3960/publications\\_show.htm?doc\\_id=985380](http://www.chcs.org/publications3960/publications_show.htm?doc_id=985380) (last visited 3/12/2010).
- 7 Arvantes, James, “Obama Says Medical Home Demonstration Project Will Focus on CHCs.” *AAFP News Now*. American Academy of Family Physicians, 22 Dec. 2009, <http://www.aafp.org/online/en/home/publications/news/news-now/government-medicine/20091222chc-demo-project.html> (last visited 3/12/2010).
- 8 Remarks for Secretary Kathleen Sebelius , Cerner Health Conference, Kansas City, MO, 6 Oct. 2009, <http://www.stopmedicarefraud.gov/cerner.pdf> (last visited 3/12/2010).