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**RIHCA**  
RHODE ISLAND  
HEALTH CENTER  
ASSOCIATION

2010 / 2011  
Annual Report

## Mission

The Rhode Island Health Center Association works to support, sustain and strengthen community health centers so they can provide high quality, comprehensive health care.

## VISION

Every Rhode Islander has equal access to affordable, quality, comprehensive health care.

## VALUES

- We respect the worth of each individual and believe in the right to be treated with dignity, honesty, and integrity.
- We believe that diversity of culture, talent, and experience strengthens our organization and enhances performance.
- We are committed to excellence in everything we do and within our membership organizations.
- We respect individual talent and contribution as well as the synergy of team work.



## Letter from the President and CEO

This past year has been both exciting and challenging. The community health centers are growing, the Association has new office space, we are all planning for national and local health reform and, as always, RIHCA is very busy supporting Rhode Island's ten community health centers as they provide high-quality, low-cost, comprehensive primary health care to a growing number of Rhode Islanders. The community health centers continue to see more patients – 125,000 in 2010. They also provide jobs for over 1100 Rhode Islanders, spend over \$82 million a year to operate their facilities, and generate over \$130 million in economic benefits for local communities. Upgrading facilities and building new spaces has been a priority for Rhode Island's community health centers in order to accommodate the increasing numbers of patients seeking care. Five of our community health centers have just begun, just completed, or are in the middle of major expansions or construction of new space. Others are upgrading their current facilities, implementing electronic health records and making other important capital investments that will improve the quality of their patients' experience. RIHCA moved to new space this year; we remain in the Foundry, in an office better suited to serve the needs of our staff and our members. We are also pleased to have welcomed Gail Stout on board as our office assistant. RIHCA continues to monitor state and federal law as it affects the care patients access at the community health centers. Planning for health reform implementation is underway in Rhode Island. This effort continues in the face of uncertainty on the federal level and lack of legislation on the state level. Federal uncertainty is focused on funding and support for proceeding with health reform as it passed and was signed into law in 2010. The health centers are nevertheless continuing to move forward with preparations to meet continued increased need with increased capacity. As always, they are innovators as they develop strategies to accomplish this goal with limited financial support. RIHCA is also actively engaged in several major policy initiatives. Last year, in conjunction with our partners at Neighborhood Health Plan of Rhode Island, RIHCA hosted a policy breakfast where we introduced proposals for Center Care, a time-limited Medicaid expansion for low-income adults without children, and the Basic Health Plan, a state option to provide insurance coverage for adults between 133% and 200% of the federal poverty level. While the related legislation did not pass, it opened the doors for important conversations and hearings about access to health care for this group of adults. The state will soon make a decision regarding whether to opt for a Basic Health Plan; expect to hear more from us on that in the coming weeks and months. Our community health centers are natural medical homes, and two have already attained Level 3 NCQA patient-centered medical home recognition. RIHCA supports the community health centers in their medical home transformation activities; the Association has been helped with this effort by resources provided by the Rhode Island Foundation. RIHCA, again supported by the Rhode Island Foundation, has additionally undertaken a project to look at the integration of medical and behavioral health care in Rhode Island and at the community health centers; we look forward to having results to report next year. RIHCA has been an active participant in the RI Oral Health Commission, and in the Safety Net Workgroup of this Commission. Through this work, RIHCA helped issue an update of the Dental Safety Net report, and is looking at ways to support the community health centers in the integration of oral health and medical care at the community health centers and other medical and dental providers in Rhode Island. These and other partnerships promise to help shape the coming year as one focused on collaborations. RIHCA looks forward to continuing to support our member community health centers as they continue to grow and implement innovative health care delivery strategies to help improve the health of our patients and our communities. Thank you for working together with us toward these shared goals.

*Jane A. Hayward*  
Jane A. Hayward  
President and CEO

## STAFF

Jane Hayward, President and CEO

Mary Evans, Senior Director of Operations and Clinical Support

Ann Chiodini, Senior Director of Finance and Accounting

Pat DiLorenzo, Director of Outreach

Chris Rodrigues, Director of Information Technology and Projects

Rebecca Kislak, Director of Public Policy

Donna Fantel, Quality Improvement Coach

Gail Stout, Office Assistant

## BOARD OF DIRECTORS

Peter Bancroft, Board Chair, WellOne Primary Medical and Dental Care

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Ray Lavoie, Blackstone Valley Community Health Care, Inc.

Brenda Dowlatshahi, Tri-Town Community Action Agency

David Bourassa, MD, Thundermist Health Center

Michael A. Lichtenstein, Wood River Health Services

William Hochstrasser-Walsh, CCAP/Family Health Services

Chuck Jones (interim), Thundermist Health Center

Monty Stover, Block Island Health Services

## Comprehensive Care and Services

### PRIMARY MEDICAL CARE

Rhode Island's ten community health centers provide comprehensive preventive and primary medical care for people of all ages. Community health centers employ a highly skilled and culturally diverse workforce of primary care physicians, registered nurses, nurse practitioners and certified nurse midwives.

### MENTAL HEALTH SERVICES

In addition to providing medical and dental care, many community health centers provide their patients with access to licensed mental health providers, psychiatrists and licensed clinical counselors.

### DENTAL SERVICES

Over the last ten years, Rhode Island's community health centers have worked with state, federal, and private partners to increase the state's dental infrastructure for low-income patients. In 2010, eight of our community health centers provided dental care to adults and children who have Rite Care, Medicaid, private insurance, and to patients without insurance.

### MEDICAL CONDITIONS

	PATIENTS*	VISITS	VISITS PER PATIENT
Hypertension	9,541	17,789	1.86
Diabetes mellitus	5,568	16,048	2.88
Heart Disease	1,005	1,661	1.65
Asthma	4,283	7,794	1.82

### PREVENTIVE SERVICES

	PATIENTS*	VISITS	VISITS PER PATIENT
Health Supervision Ages 0-11 (Well Child visit)	14,935	23,778	1.59
Childhood Immunizations	18,149	23,715	1.31
Pap Test	11,745	11,936	1.02
Mammogram	831	838	1.01
HIV Test	4,294	4,478	1.04

### MENTAL HEALTH SERVICES

	PATIENTS*	VISITS	VISITS PER PATIENT
Depression & Other Mood Disorder	7,203	24,072	3.34
Anxiety Disorder including PTSD	3,708	8,666	2.34
Attention Deficit and Disruptive Behavior Disorders	1,966	4,910	2.50

### DENTAL SERVICES

	PATIENTS*	VISITS	VISITS PER PATIENT
Emergency Services	861	970	1.13
Oral Exams	30,369	37,170	1.22
Prophylaxis - Adult or Child	23,731	31,272	1.32
Sealants	3,242	3,628	1.12
Fluoride Treatment - adult or child	11,603	14,312	1.23
Restorative Services	13,166	26,815	2.04
Oral Surgery (Extractions and other Surgical Procedures)	6,047	8,114	1.34
Rehabilitation Services (Endo, Perio, Prostho, Orhto)	3,166	6,858	2.17

\*Number of Patients with Primary Diagnosis





## Clinical Quality

### CHRONIC CARE SUSTAINABILITY INITIATIVE OF RHODE ISLAND (CSI-RI)

The Chronic Care Sustainability Initiative of Rhode Island (CSI-RI) was initially funded by the Center for Health Care Strategies (CHCS) with the goal of improving the delivery of primary care services to those with chronic illness, through the implementation of the patient-centered medical home practice model. This initiative, which began in October 2008, now encompasses 13 practices, including two health center sites.

In support of this exciting effort to transform health care delivery, RIHCA is an active participant on the joint steering committee for CSI-RI and the RI Beacon Community Program, and works to assist health center leaders and staff in successfully implementing the medical home delivery model of care.

### BEACON COMMUNITIES

All Rhode Island community health centers with fully implemented electronic health records (EHR) participate in the Rhode Island Quality Institute's (RIQI) Beacon Community Program, which was created as part of the American Recovery and Reinvestment Act. The program provides communities with funding to build and strengthen their health information technology (HIT) infrastructure. RIQI won designation as one of 17 Beacon Communities by the Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONC). The objectives of the RI Beacon Community Program include: enhancing the quality of care provided to patients with diabetes, by encouraging adherence to nationally recognized evidenced based guidelines; reducing preventable hospital and emergency department use; reducing the impact of tobacco use; and reducing the impact of undiagnosed and untreated depression.



### RI CHRONIC CARE COLLABORATIVE (RICCC)

All of Rhode Island's community health centers participate in the Rhode Island Chronic Care Collaborative (RICCC), an in-state collaborative effort to examine innovative ways to manage patients with chronic illnesses. The continuing health disparities that lead to differences in death and complications from chronic diseases such as diabetes, asthma and cardiovascular disease, as well as other illnesses, illustrate the need to address these issues aggressively. To achieve meaningful improvements in the lives of all of their patients, including the underserved populations who suffer disproportionately from the burden of these health disparities, centers participating in the RICCC adopt shared clinical measures that are aligned with and based on the proven guidelines of experts, external reporting requirements and/or other community standards of care.

The principles of the RICCC include several models that, when used as designed, bring about rapid improvements in health care. In partnership with the RI Department of Health and through participation on the RICCC Planning Team, RIHCA provides guidance, training and technical support to the RI health centers in these models of care and improvement, assisting them in transforming the way that care is delivered.

### TRAINING AND TECHNICAL ASSISTANCE

RIHCA conducts needs assessments and offers training and technical assistance for all facets of community health center operations, both clinical and administrative. We provide emergency preparedness technical assistance, development training for consumer members of health centers boards and educational sessions on clinical and operational topics for health center leaders and staff.



## The Association

The Association continues to support the community health centers in their mission to provide affordable, high-quality healthcare to medically underserved Rhode Islanders. We accomplish this by fostering health policies supportive of the health centers, providing training and technical assistance to health center clinicians and staff on pertinent program and clinical topics, and by coordinating health center efforts in key operational areas such as emergency preparedness. The Association also promotes community involvement and outreach, most notably through the management of the Family Resource Counselor (FRC) program under our contract with the Department of Human Services.

## Background

We are pleased to present the 2011 Rhode Island Health Center Association Data Book and Annual Report. Forty years ago, as part of his "War on Poverty," President Lyndon B. Johnson began the community health center program. The health centers' goal is to provide affordable, high-quality and comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay. This data book and annual report serves to illustrate the work, challenges and successes the community health centers encounter as Rhode Island's primary care safety net.

Rhode Island has ten community health centers in 29 locations throughout the state. In 2010, these ten community health centers served nearly 125,000 patients with 515,000 patient visits. In 2010, eight community health centers were federally qualified health centers (FQHC). As FQHCs, they are required to submit data annually to the Bureau of Primary Health Care (BPHC) via the Uniform Data System (UDS).

The Uniform Data System is a standardized reporting system that provides consistent information about the performance of BPHC funded grantees and programs. The BPHC, a division of the Health Resources and Services Administration (HRSA), has been collecting data documenting health center performance since 1977. UDS data is used to document the effectiveness of the BPHC programs by providing standardized metrics to compare community health centers at the state, regional, and national level.

All of the data in this publication is based on the 2010 Uniform Data System. For calendar year 2010, there were UDS reports from 8 FQHCs. This data book, unless otherwise noted, does not include data from a category of FQHCs that are not required to submit UDS data, known as FQHC Look-Alikes. In 2010 Rhode Island had one FQHC Look-Alike and one island-based health center. Data reflected in this data book therefore underreports the volume of health care services delivered by all ten community health centers.



## Rhode Island's Federally Qualified Health Centers

### PATIENTS

Total Patients	122,337
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### PATIENTS BY AGE GROUP

Under 5	11,378
Ages 5-19	32,387
Ages 20-44	45,750
Ages 45-64	25,257
Ages 65+	7,565

### PATIENTS BY SERVICE TYPE

Medical	97,791
Dental	40,992
Mental Health	5,229
*Enabling	13,014
Vision	88

### PATIENTS OF LATINO DESCENT

	Patients	% Known
Hispanic or Latino	37,820	32.6%

### PATIENTS BY RACE

	Patients	% Known
**Hawaiian/Pacific Islander	886	1.0%
**Asian	3,493	4.1%
**African American	12,496	14.5%
**Indian/Alaska Native	644	0.7%
**White	67,897	78.8%
**More than one race	702	0.8%

### PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH

	Patients	% Known
Patients	25,703	21.0%

### ENCOUNTERS

Patient visits	510,355
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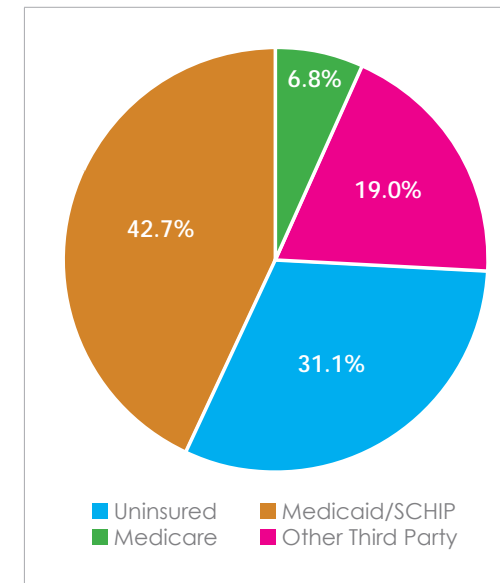
### ENCOUNTERS BY SERVICE TYPE

Medical	346,723	67.8%
Dental	112,264	22.0%
Mental Health	28,994	5.6%
*Enabling	22,280	4.3%
Vision	93	0.02%

### INCOME AS PERCENT OF POVERTY

	Patients	% Known
100% and Below	44,654	71.0%
101-150%	10,915	17.4%
151-200%	3,490	5.6%
Over 200	3,801	6.0%

### INSURANCE SOURCE



\*Includes: Case Managers Patient and Community Education Specialists, Outreach Workers, and Eligibility Assistance Workers

\*\*Includes Latino/Hispanic descent





## Community Health Centers are the Solution

In many areas of Rhode Island, community health centers are the only source of health care for Medicaid patients and the uninsured. Community health centers serve as the state's safety net, providing cost-effective, high-quality primary and preventive health care to the uninsured and under-served in Rhode Island. In 2010, Rhode Island's community health centers provided over \$16 million in uncompensated care. Collectively, community health centers are the largest health care system in the nation, and are considered one of the most effective programs within the U.S. Department of Health and Human Services. For over 40 years, community health centers have provided documented results:

- Reductions in infant mortality rates
- Reduced health disparities among patients with chronic diseases
- Fewer emergency room visits and hospital admissions
- Shorter hospital stays
- Fewer unmet needs of the uninsured

Beyond the comprehensive health services provided to patients by community health centers, it is important to consider the impact health centers have on their communities. As small businesses, Rhode Island's community health centers employ more than 1,100 Rhode Islanders and provide significant economic benefit to local communities in which they serve. In addition, in 2010 Rhode Island's community health centers infused over \$82 million in operating expenses into the local economy.

### ECONOMIC BENEFITS

According to National Association of Community Health Centers (NACHC), in 2009, the economic benefits generated nationally by the federally qualified health centers totaled \$20 billion. In addition, they produced 189,158 jobs, according to analysis completed by Capital Link.

The following is the economic impact and jobs produced for Rhode Island:

Total economic impact in 2009	\$130,325,455
Total employment produced in health centers and their communities	1,227





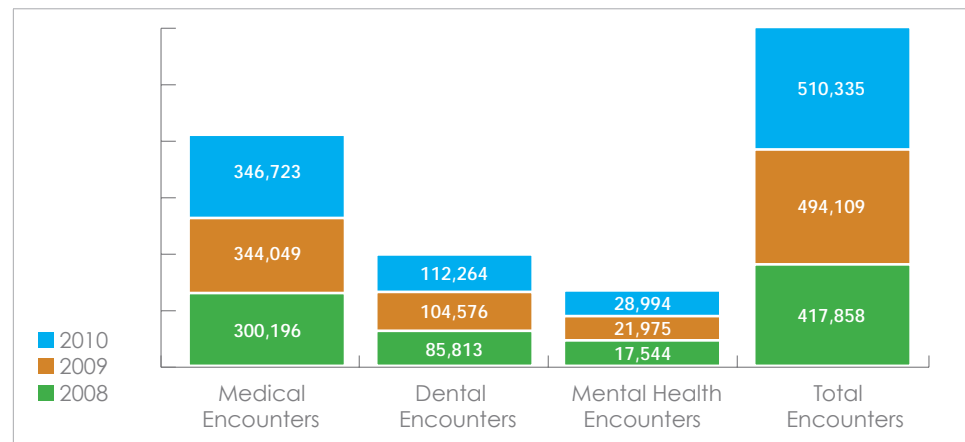
## Increasing Capacity

Rhode Island's community health center population continues to grow. From 2009 to 2010 the FQHC population increased by 3% as the community health centers provided comprehensive primary care and preventive services to an additional 4,000 patients.

As the health center population continues to rise, so does the number of uninsured. The number of community health center uninsured patients increased by 6% from 2009 (35,797) to 2010 (38,052).

Over the past 3 years, the numbers of patient visits, or encounters, have dramatically increased, providing services to a population that may otherwise face financial and cultural barriers to comprehensive primary care. From 2009 to 2010, the total number of patient encounters increased by 3%.

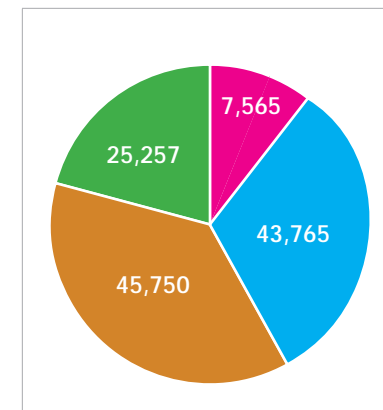
FQHC ENCOUNTERS BY SERVICE TYPE: 2008-2010



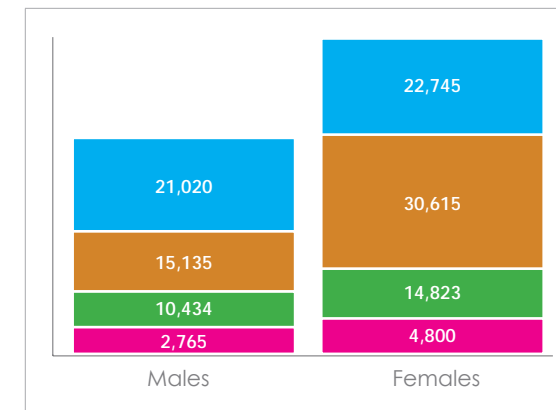
## Serving Women and Children

Children 19 and under represented one of the largest groups served at health centers, totaling 43,765 patients. The next largest group seeking care at community health centers were women of child bearing age (19-44), which totaled 32,033 patients.

FQHC PATIENTS BY AGE GROUP



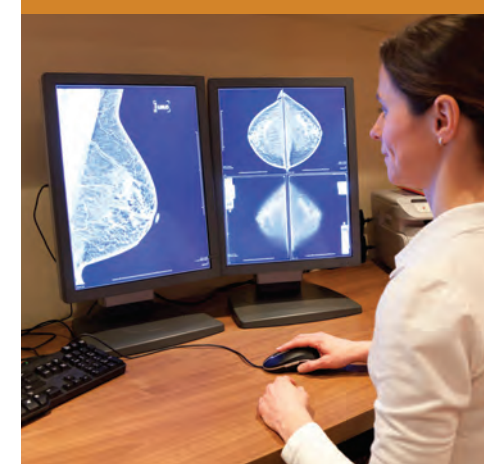
FQHC PATIENTS BY AGE AND GENDER



## Quality of Care

Women who receive timely and routine cervical cancer screening tests (Pap tests) will substantially increase their chances of early detection and treatment of human papilloma virus (HPV) and cervical cancer.

In 2010, 63% of women ages 24-64 who received care at a RI community health centers had at least one Pap test performed during the calendar year or during the previous two years, compared to the community health center national average of 58%.

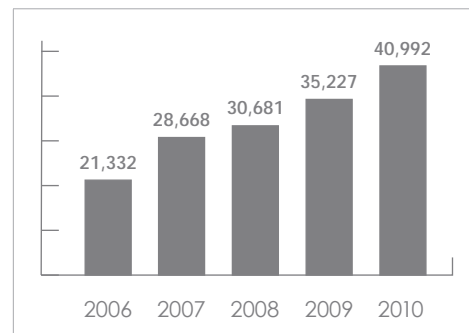




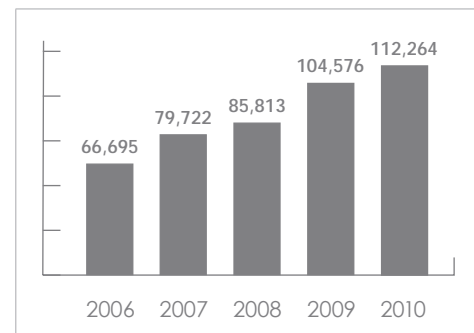
## Dental Care

In 2010, the Rhode Island community health centers delivered dental care to nearly 41,000 adults and children throughout the state, providing over 112,000 dental visits, including oral examinations, emergency visits, and preventive services. This is a dramatic increase from the capacity in 2003, when the health center dental population was fewer than 10,000 patients.

**FQHC DENTAL PATIENTS: 2006-2010**



**FQHC DENTAL PATIENT VISITS: 2006-2010**



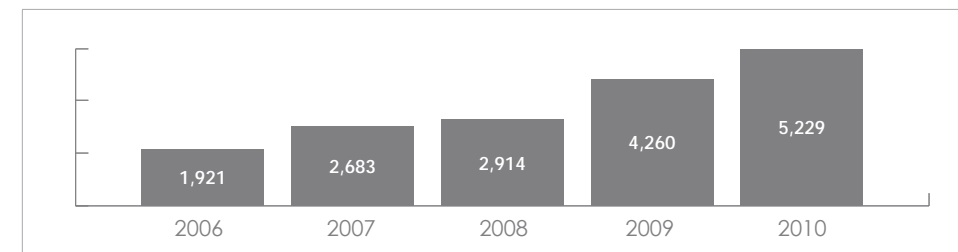
In 2010, there were 74 dental operatories at the health centers. The total number of community health center dental FTEs was 95.66, including dentists, dental hygienists, and dental assistants. Four community health centers host dental hygiene and dental assistant students for their externship placements throughout the year.

In addition, three community health centers offer mobile dental care to children through school-based programs and the Molar Express van. Rhode Island's community health centers' commitment to provide high quality dental care also infused over \$15 million in operating expenses into the local economy.

## Behavioral Health

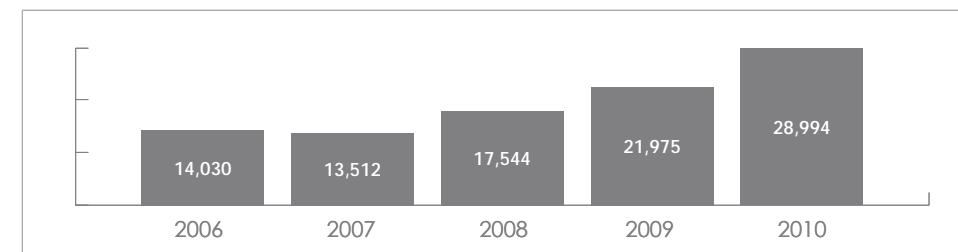
Rhode Island's community health centers recognize the importance of providing a broad set of services, including behavioral health services. In 2010 our community health centers continued to invest in behavioral health services, which is reflected in the 23% increase in the number of patients served when compared to 2009.

**FQHC BEHAVIORAL HEALTH PATIENTS: 2006-2010**



In addition, patient visits climbed from 21,975 in 2009 to 28,994 in 2010, representing an increase of 32%.

**FQHC BEHAVIORAL HEALTH VISITS: 2006-2010**





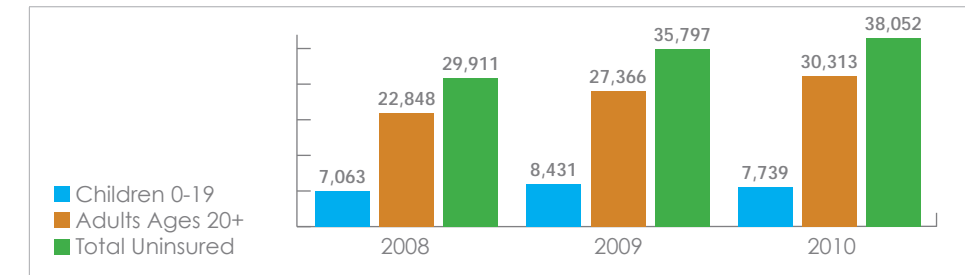
## The Safety Net: Serving the Uninsured

Rhode Island continues to have the highest unemployment rate in New England, which is a key factor in the increased number of uninsured in the state. According to the RI Department of Labor and Training, the seasonally adjusted unemployment rate for July 2011 was 10.8%. The following indicators provide a snapshot of the national and regional community health center uninsured population.

### 2010 NEW ENGLAND FQHC INSURANCE SOURCE

	National	RI	CT	ME	MA	NH	VT
Uninsured	38%	31%	23%	16%	20%	32%	11%
Medicaid	40%	43%	58%	31%	43%	24%	29%
Medicare	8%	7%	6%	19%	9%	15%	18%
Other Third Party	15%	19%	13%	35%	28%	30%	43%

### RI FQHC UNINSURED TRENDS: 2008-2010



Rhode Island's community health centers continue to have one of the highest uninsured rates in New England at 31%. From 2009 to 2010, the rate of uninsured patients at Rhode Island's community health centers increased by 6% as services were provided to an additional 2,255 uninsured patients. From 2009 to 2010 the percentage of uninsured children decreased by 8% whereas the percentage of adults increased by 11%.

