



Care-Centered

Team-Centered

Quality-Centered

## Patient-Centered Medical Homes:

Improving Care, Controlling Costs, and Transforming Healthcare in Rhode Island.



**Blue Cross  
Blue Shield**  
of Rhode Island

[www.bcbsri.com](http://www.bcbsri.com)

# Patient-Centered: The Way Care Should Be.

**At Blue Cross & Blue Shield of Rhode Island we've been working hard to have a positive impact on the way care is delivered and paid for in our state**—with the ultimate goal of bringing affordable, high-quality healthcare to businesses like yours.

Patient-Centered Medical Homes (PCMHs) are a big part of that transformation. This highly collaborative, team-based approach to care is changing how doctors and patients work together to improve health while controlling or even reducing healthcare costs.

Today, Blue Cross & Blue Shield of Rhode Island has Patient-Centered Medical Home agreements in place with over 25% of the primary care physicians in Rhode Island, impacting over 100,000 members—and we're beginning to see the encouraging results in quality and cost control that will ultimately help make healthcare more affordable for your company, your employees, and their families.

## What is a Patient-Centered Medical Home?

While Blue Cross members have always had access to high-quality providers and services, Patient-Centered Medical Homes (PCMHs) are a transformation of the healthcare delivery system that will help ensure every element of a patient's care works in unison.

This approach offers efficient coordination of care throughout the system with a personalized care team. Primary care physicians, along with a local, on-site registered nurse or health coach, tap into specialists, hospital services, behavioral health professionals, pharmacies, nutritionists, etc. as needed to ensure each patient gets the right care.

More effective provider communication is facilitated through the use of the latest electronic health records and e-prescribing technology. In addition, straightforward medical information is offered, and often coupled with incentives, to help patients realize the cost and health benefits of their decisions.

This consumer-focused, team-based approach to care creates a hub or *medical home* for each member, where care plans are developed to be efficient and effective in improving a patient's health.



# Healthcare Personalized to Fit Your Employees' Needs. And Your Budget.

While improving patient health is our number-one goal, we can never lose sight of the cost implications of providing such a high level of collaborative care.

Surprisingly—and encouragingly—patient-focused care can actually be more cost-effective, especially in the long-term. Patient-Centered Medical Homes make the primary care physician (PCP) and nurse care manager the first point of contact for a patient. And although primary care accounts for only 6% of overall healthcare spending, it has a significant influence over the other 94%.

## How does primary care help control costs?

### **By taking a preventive, not reactive, approach to care.**

Patients who see a PCP regularly are 40.5% more likely to catch cholesterol-related diseases early and 33% more likely to catch diabetes early. This preventive approach to care is not only critical to improving members' health, it can ultimately help control costs by addressing chronic conditions before they worsen and become more expensive to manage.

### **By directing patients toward the highest quality, most effective care.**

For example, a patient seeing their PCP versus going to the emergency room saves approximately \$760 overall. Unlike visiting an ER, PCMH patients not only see a care team who is more familiar with their medical history, they're also helping to reduce costs by getting the right care, from the right people, at the right time.

Improving quality will make healthcare more efficient and more cost-effective over time, ultimately helping to control premiums to the benefit of your business, your employees, and their health.



## Patient-Centered Medical Homes mean better care for your employees, striving to provide:

- Access to a comprehensive team of care providers
- Extended office hours
- Multilingual services\*
- Expanded community resources
- Appointment & medication reminders
- Disease management outreach
- Hospital discharge support

We're working to make these services and more the standard offering for members.

*\*At certain PCMH centers.*

# The Future of Patient-Centered Medical Homes in Rhode Island.

Blue Cross & Blue Shield of Rhode Island already has Patient-Centered Medical Home agreements in place with over 25% of the primary care physicians in Rhode Island, which covers over 100,000 members.

We have aggressive goals for continuing to grow and develop these programs, as well as innovative complementary products, over the coming years. Soon, Patient-Centered Medical Homes—comprised of dedicated care teams, efficient practices, affordable services, and clear medical information—will provide virtual ‘medical neighborhoods’

to augment and support our hard-working communities along with specialists, hospitals, and other providers.

If you'd like to learn more about our Patient-Centered Medical Homes and how they may impact your business or employees, please call your broker or BCBSRI account representative. For additional information and updates, visit [bcsri.com/together](http://bcsri.com/together). We'll be adding more information about Patient-Centered Medical Homes and their results in the coming months.

## We're hearing from current participants about Patient-Centered Medical Homes.

*A patient was visiting the ER 2-3 times per week. After working with her nurse care manager and a coordinated team including a social worker, psychologist and others, she is feeling more confident, self-reliant, and happy—and no longer needs to call 911 so frequently.*

*A 55-year-old female patient had out-of-control diabetes and few financial resources. The nurse care manager helped the patient learn to adjust her insulin correctly and is now reviewing her blood glucose regularly, helping her find resources, and even picking up food from a food bank for her.*

*An obese 13-year-old patient lives with his single mom. The nurse care manager helped educate Mom on healthy meal plans and preparing nutritious snacks ahead of time. The care manager also advised the son to cut back on video games. He agreed to play outside more and says he likes basketball.*



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