



Beacon Community Program

Awardee of The Office of the National Coordinator for
Health Information Technology

The Beacon Community Program goals include building and strengthening a health information technology infrastructure; improving health outcomes, care quality, and cost efficiencies; and spearheading innovations to achieve better health and health care.

Rhode Island Beacon Community

Overview of the Rhode Island Beacon Community

Like many Americans, Rhode Island residents cope with the burden of chronic disease and the harmful health effects from tobacco use. Meanwhile, Rhode Island, like most states, faces a high burden of costly hospital admissions and emergency department (ED) visits that result from chronic disease that could potentially be mitigated and reduced through better prevention and primary care-driven care coordination. To address these challenges, Rhode Island has adopted the patient-centered medical home (PCMH) model: an approach to providing primary care that is continuous, comprehensive, coordinated, and patient-oriented—giving patients improved access to care and information.

The state's Beacon Community Program, spearheaded by the Rhode Island Quality Institute (RIQI), is building upon its existing strengths in developing PCMHs by enriching them with greater health information technology (health IT) to support registered, clinical decision support tools, and health care quality reporting to drive improvements. Through the program, RIQI is creating systems to measure and report processes and outcomes that drive improved quality, reduce health care costs, and improve health outcomes.

Moreover, the state, with RIQI's leadership, has implemented a health information exchange system called **currentcare**. This secure electronic network is well on its way to enabling providers to access and share patients' health information and to collaborate more effectively to deliver more seamless, integrated care.

Goal of the Program

The Rhode Island Beacon Community aims to improve the quality, safety, and value of health care in the state, leading to better overall health. To achieve these aims, the RIQI is utilizing existing and well-established care delivery initiatives and implementing health IT that facilitates care delivery redesign. Targeting 28 primary care practices, 220 providers, and approximately 275,000 patients, this Beacon Community is on track to achieve four objectives:

- Enhance the quality of care provided to patients with diabetes by encouraging adherence to nationally recognized, evidence-based guidelines and the PCMH model
- Reduce preventable hospital and emergency department use
- Reduce the impact of tobacco use on the health of the state's population
- Reduce the impact of undiagnosed, untreated depression through increased screening

Using Health Information Technology to Make a Difference

Having successfully piloted direct provider-to-provider messaging, the Rhode Island Beacon Community is working closely with its primary care practices to use **currentcare** in addition to electronic health records (EHR) and centralized quality reports. This data-driven strategy is intended to support clinicians, determine the effectiveness of their interventions, and continuously improve the quality of care they are providing. These activities have great potential to reduce the burden of chronic disease in the state. Specifically, the following activities are underway:

- Rigorous primary care practice assessments and workflow redesign to maximize the use of computerized clinical decision support (CCDS) and promote optimal diabetes care. CCDS notifies doctors in real time about the health of their diabetic patients at the point-of-care, when doctors are actually with patients in the exam room. It also provides physicians with data about the overall health of their patients with diabetes, so doctors can identify opportunities for improvement.
- Coordination of care between hospital and primary care settings. Functionality within **currentcare** is being developed for primary care providers in the Rhode Island Beacon Community to receive alerts upon patients' admission to and discharge from the hospital. These notifications will facilitate proper follow-up with patients in the primary care setting, reducing the probability of future ED visits and costs related to inefficiencies in health care delivery.
- Improvement of communication between providers. Through the implementation of direct provider-to-provider messaging, patient health information is being efficiently and securely shared across the traditional boundaries of care. This real-time and seamless transfer of patient data is helping to ensure better chronic disease management and the reduction of duplicative and/or unnecessary procedures.

A Team Approach

The Rhode Island Beacon Community is comprised of leaders from hospital administration, public health, business, and insurance, as well as doctors, consumers, and university educators. Board members hail from leading organizations including BlueCross & BlueShield of Rhode Island; the Rhode Island Medical Society; Neighborhood Health Plan of Rhode Island; the Rhode Island Disability Law Center; Brown University; CVS Caremark; South County Internal Medicine, Inc.; United Healthcare of New England, Inc.; Astro-Med, Inc.; Care New England; The Westerly Hospital; Quality Partners of Rhode Island; State of Rhode Island; Gateway Healthcare, Inc.; the Hospital Association of Rhode Island; Tufts Health Plan; National Grid; Lifespan; and the Greater Providence Chamber of Commerce.

Improvements for Patients and the Community

The Patient-Centered Medical Home focuses on disease prevention, screening, early identification, and active management of chronic illness. This methodology of care delivery is already driving improvements in the health of patients and helping the population become healthier with more effective management of chronic conditions. Through an integrated approach toward improvement including a robust set of HIT tools, onsite coaching with primary care practices, and the development of a series of community-wide learning sessions, the Rhode Island Beacon Community aims to:

- Increase the percentage of patients with diabetes whose blood sugar, blood pressure, and cholesterol are under control, and who receive appropriate health screenings
 - Reduce ED visits, as well as hospital admissions and readmissions and will measure its success by collecting and analyzing ED and hospital data
 - Increase the percentage of smokers who receive smoking cessation advice, thereby increasing the number of people who quit smoking
 - Increase the percentage of patients who are screened annually for depression, so that these patients can receive the treatment that they need
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