Clínica Esperanza/Hope Clinic
Clinical Outcomes Review: February–July 2011

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Clínica Esperanza/Hope Clinic (CEHC) opened on November 1, 2010. The clinic accepts uninsured patients on a first-come, first-served basis. Prior to opening, we performed a needs assessment survey, which enabled CEHC providers to tailor their care and program offerings to specifically target our client base. We reviewed our **electronic medical records (EMR)** and walk-in data from February 1, 2011 through July 31, 2011 and provide a graphic summary of our findings here. As demonstrated in these figures, CEHC has successfully reached out to uninsured individuals in Rhode Island. The clinic is providing

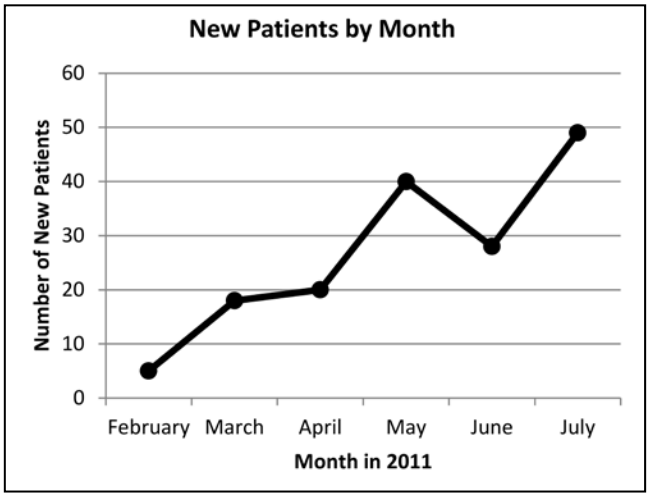

Figure 1. Number of People Interested in Becoming CEHC Patients, February-July 2011. The number of patients requesting care per month is increasing steadily as CEHC becomes recognized as a new source of free health care in Rhode Island.

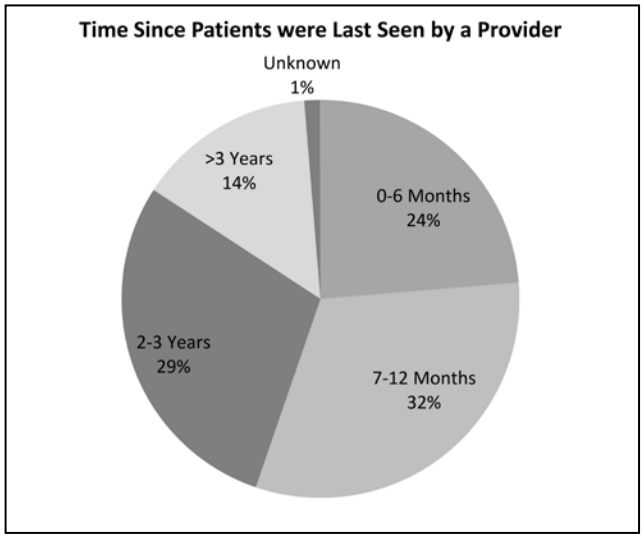

Figure 2. Time Since Incoming Patients were Last Seen by a Healthcare Provider. More than 2 in 5 uninsured patients walking in to seek care at CEHC had not been seen by any sort of healthcare provider, including emergency room visits, in over 2 years. 20% of currently uninsured patients were last seen outside of the U.S. prior to seeking care at CEHC.

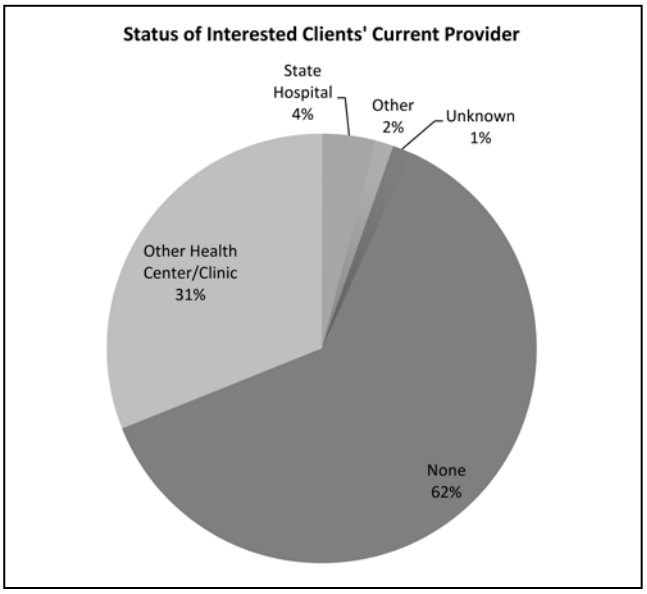

Figure 3. Status of Interested Clients' Current Provider. The vast majority of incoming clients have not had a primary care provider in the state of RI. CEHC is aware that many individuals do not seek care until they feel ill. To identify uninsured patients with chronic disease and engage them in care, CEHC volunteers and staff participate in outreach and health fair screening events, performing blood pressure, blood glucose and blood lipid screening tests.

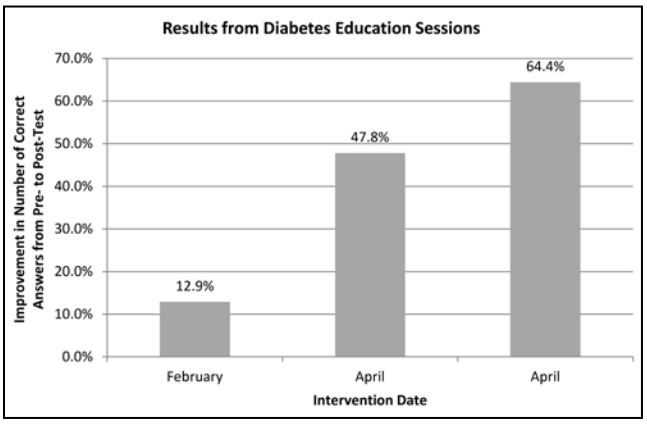

Figure 4. Health Literacy Improvement after Navegantes' Interventions. CEHC's outreach workers, the Navegantes, regularly perform free health education sessions to uninsured persons at several Providence locations (United Methodist Church and CEHC itself, funding provided by BCBSRI). Topics include diabetes, heart health, weight control, and nutrition. Pre- and post-session surveys are used to track the effectiveness of each intervention. As shown in Figure 4., at three recent sessions focusing on diabetes, the number of correct answers on the post-test improved with each education session.

interventions resulting in improvement in disease indicators for 63% of patients for whom at least two data points have been entered in the EMR.

New patients fill out a form on site at the clinic, and then discuss this information with an intake worker. All uninsured patients are welcome to apply for care at the clinic, but patients who have already established care with another provider (representing almost a third of interested clients) are encouraged to continue their care at those locations.

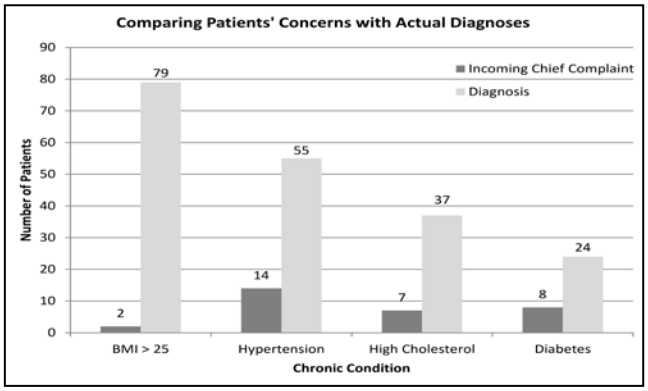

Figure 5. Chronic Conditions: Patients' Concerns vs. Actual Diagnoses. CEHC patients suffer from a range of chronic health conditions. Over a quarter (28%) of incoming patients reported one of the above chronic conditions as their chief complaint (dark grey). The number diagnosed with each condition (based on review of EMR records, light grey) was even higher than reported; the discrepancy between perceived health problem and provider-determined diagnosis shows low awareness of chronic health problems among uninsured patients seeking care at CEHC. The discrepancy between perceived and actual health problems has been addressed by active health outreach sessions to detect chronic conditions and engage patients in preventive care at the clinic.

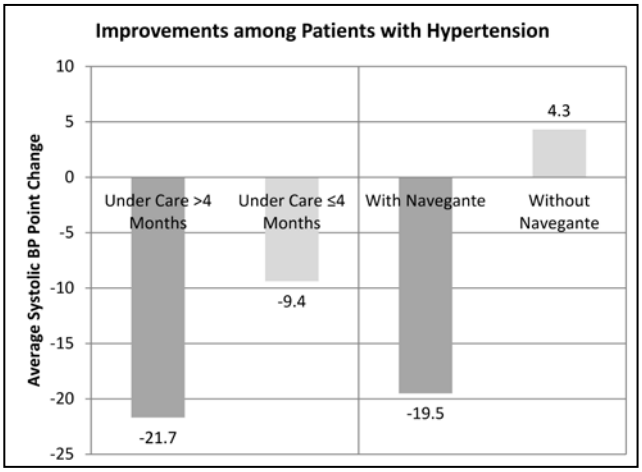

Figure 6. Systolic Blood Pressure Changes among Hypertensive Patients. According to EMR records patients in care over four months experience improvements in their blood pressure. Patients under care at CEHC for over four months also decreased their systolic blood pressure by, on average, 12 more points than patients under care for less than or equal to four months (N = 47, P < 0.001). In addition, CEHC Navegantes provide one-on-one positive reinforcement sessions to patients. Patients matched with Navegantes decreased their systolic blood pressure by, on average, 24 more points than patients not matched with Navegantes (N = 38, P = 0.008).

According to demographics compiled from self-reported information recorded on the initial registration form (not shown), most patients (over 40%) learned about CEHC through a friend or family member (word of mouth). Almost one in four patients are referred to CEHC via another community non-profit or health clinic. The wait for a new patient appointment stood at only two weeks as of August 2011.

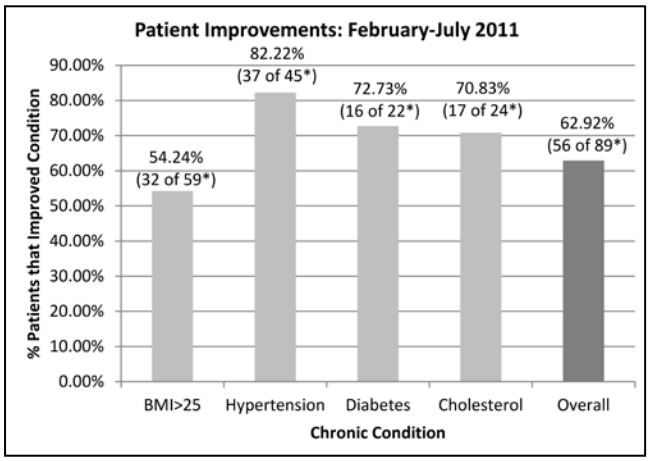

Figure 7. Percent of Patients Experiencing an Improvement in their Chronic Condition. EMR records were reviewed and health indicators (HbA1C, blood pressure, weight and cholesterol) were tracked. The greatest improvements in overall health indicators were seen in patients with hypertension: 83% of patients with hypertension reduced their blood pressure. Almost three-quarters of patients with diabetes and high cholesterol improved during the time period of this review. Over half of overweight or obese patients lost weight while under care at CEHC. Overall, about 63% of CEHC patients improved at least one of their chronic conditions during the study time period.
*Number of patients identified as having the health condition with at least two measurements of the associated biomarker.

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Disclosure of Financial Interest

The authors and or spouses/significant others have no financial interests to disclose.

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