

Women's Primary Care is proud to be a

“Patient-Centered Medical Home”

Also known as an
Advanced Primary Care Practice



Women's Medicine Collaborative

A program of The Miriam Hospital

A Lifespan Partner

“I was discharged from the hospital and don’t understand the instructions I was given.”

“I have multiple medical conditions and struggle to manage it all.”

Managing your health, or that of a loved one, should not be so challenging.

“I am my mother’s caregiver. Are there home health services to help me?”

“My nurse practitioner suggested I be more active, but I don’t know where to start.”

We are proud to be a Patient-Centered Medical Home, with a team of caring providers, medical assistants, patient service representatives, and a nurse care manager working with you to provide convenient, comprehensive, evidence-based care.



A Patient-Centered Medical Home (PCMH)
is not a physical place.

It represents a **team-based model of care**.

Patients often feel overwhelmed by their chronic medical condition, multiple care providers, diagnostic tests, treatment recommendations, and the challenges of navigating the health care system.

In a PCMH, your entire team works together to help **coordinate the services you need** and **engages you** (and family/caregivers as needed) to be an **active partner** in health care decisions.



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A PCMH is....



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❖ Patient-Centered

A **partnership** between the patient, health care team and patient's family (or caregiver) ensures that decisions respect a patient's needs and preferences. Patients are provided with the education and resources they need to make decisions and participate in their care.



A PCMH is....

❖ Comprehensive

A PCMH looks at the **whole person**, which is consistent with our mission at the Women's Medicine Collaborative of *"helping women reach their greatest health potential in body, mind and spirit."*



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A PCMH is....



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❖ **Team-Based**

Our **entire team** of providers, specialists, registered nurses, medical assistants, patient service representatives and our nurse care manager are all working together to provide you with the best care possible.



A PCMH is....



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❖ **Coordinated**

We help patients with their care across **all elements of the health care system** including specialty care, hospitals, home health care, community services and supportive resources.



A PCMH is....

❖ Accessible

- ❖ We offer **early morning & late day appointments**.
- ❖ A primary care provider is always **available after hours** if you have a concern.

Office Hours

<i>Monday</i>	<i>9:00 am - 5:00 pm</i>
<i>Tuesday</i>	<i>9:00 am - 6:30 pm</i>
<i>Wednesday</i>	<i>7:30 am - 5:00 pm</i>
<i>Thursday</i>	<i>9:00 am - 6:30 pm</i>
<i>Friday</i>	<i>7:30 am - 5:00 pm</i>

*After hours, 24/7
call (401) 793-5700.*

*Call us first with questions
or clinical concerns.
This may prevent a visit to
the emergency room.*

A PCMH is....



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❖ Committed to Quality & Safety

Our goal is **primary care excellence**. We are working together to provide the care you need in the right place, at the right time, and that meets your individual needs.





Our Nurse Care Manager is an important member of the PCMH team.

Kathleen Congdon, RN, CDOE ~ Registered Nurse & Certified Diabetes Educator

Kathleen can help patients who:

- have one or more chronic medical conditions and need help managing their treatment plan.
- have had more than one hospitalization or ER visit this year due to a chronic condition.
- have been discharged from the hospital and don't understand instructions or new medications.
- have poorly controlled diabetes.
- have been advised by their health care provider to lose weight, stop smoking, eat healthier, be more active, or "take better care of yourself", but don't know where to start.
- are not sure how to access community health services.
- are caregivers and may need help caring for a loved one.



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Having a
Nurse Care Manager
as part of your team
enhances our delivery of
care and helps by:

- **Empowering you** to take an active role in managing your health.
- **Offering tools** to help you manage chronic medical conditions and reach health-related goals.
- **Following up** with you after a hospital stay to be sure you understand instructions and any new medications.



Kathleen can meet with you
in the office or
contact you **by phone**.



Kathleen's assistance with
your care is always optional
and at **no cost**
to you or your family.

How can you help?

You are the most important member of your healthcare team!
These are some ways you can help us provide you with the best care possible.

Be an active member of the team

- ✓ Ask any questions you have about your care.
- ✓ Let us know about your medical history and other healthcare providers you see.
- ✓ Be prepared for appointments, bringing a list of your medications and questions.

Take care of your health

- ✓ Follow the plan of care that you and your team create.
- ✓ Set goals for yourself.

Communicate with your team

- ✓ Ask questions.
- ✓ Tell your team how you feel about your care.
- ✓ If your plan of care is not working, tell us. Together we can develop a better plan.

Connect with us.

We encourage you to use our **Patient Portal** to access your health care information.



Follow us for daily health tips and topics.

[Facebook.com/WomensMedicine](https://www.facebook.com/WomensMedicine)

[Twitter.com/WomensMedicine](https://twitter.com/WomensMedicine)

[Pinterest.com/WomensMedicine](https://www.pinterest.com/WomensMedicine)

[Youtube.com/LifespanHealth](https://www.youtube.com/LifespanHealth)





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**The best healthcare is team-based,
with *you* at the center of the team
surrounded with people, resources, technology and support to
manage your health and meet your individual needs.**

**We are proud to be a
Patient-Centered Medical Home (PCMH)
and look forward to
caring for you and your family.**