

### A Home Next Door

The success of the **Family Practice & Counseling Network (FPCN)** in Philadelphia, Pa., has had everything to do with community. In fact, it was the community who first came calling.

In 1991, Resources for Human Development, a nonprofit developing a Head Start for public-housing residents in Abbotsford Homes, asked neighborhood leaders how they might expand their collaboration. *Health care* was the resounding answer. With little access to consistent primary care and a low-performing hospital, residents felt cut off from quality health care.

The nonprofit turned to Donna Torrisi, MSN, then working at an HMO, to design a project for potential funding from the Health Resources and Services Administration (HRSA). From day one, Torrisi had an organizing principle in mind.

“My dream was for a nurse-managed health clinic. I didn’t even know such a thing existed but that was the vision I took to the community. I remember something [activist] Dorothy Harrell had said, ‘It is the nurses that do the caring. And this community needs caring.’”

**“We always have been a ‘medical home’ — practically in the homes of our community.”**

– Donna Torrisi, MSN

The proposal received one of seven grants HRSA made nationally — the only one to a nurse-led model, possibly making the start-up the first nurse-led federally qualified health center (FQHC). Torrisi became executive director, a position she continues to hold.

Long before “patient-centered medical home” became a buzzword, FPCN was just that — by necessity. Setting up shop in the middle of the community, they renovated three apartments. Care was more than close by; for residents, it finally felt *accessible*.

To this day, patients call and get same-day appointments or just drop in. Referrals happen within 48 hours. A shuttle service takes vulnerable patients to specialists.



These quality benchmarks have remained constant even as FPCN has grown into one of the largest nurse-led practices anywhere, serving more than 17,000 patients in three locations. So has its holistic patient-centered primary care home model, which includes patient education; self-management plans, documented through electronic medical records (in place since 2005); and a strong behavioral health program.

Over the years, FPCN has carefully developed an integrated behavioral health model embedded in primary care that allows a therapist to see patients needing extra care for 20-30 minutes up front on each visit. “Many patients just need crisis intervention and don’t want to deal with the trauma of a behavioral health center,” Torrisi explains.

At FPCN, advanced practice registered nurses find a welcome degree of autonomy and a diverse practice that treats every aspect of complicated patients.

“Courageous nurse practitioners come to work here. They like the idea of having their own practice and caring for patients,” says Torrisi. “They’re hard to find. There are not enough advanced practice registered nurse practitioners trained in family practice — and fewer who are willing to work in low-income neighborhoods saddled with trauma and violence.”

More realistic productivity goals — 17 to 18 patients per provider per day — reflect these challenges, while helping keep FPCN financially viable.

The FPCN funding formula is complex. In addition to medical assistance and Medicaid revenues (aided by FQHC status), funding comes from Pennsylvania Department of Welfare reimbursements, Medicare visits and private insurance. The health center still benefits from a substantial HRSA grant, and from philanthropy from corporate partners such as CIGNA and Independence Blue Cross and foundations like the Independence Foundation, a supporter for the past 15 years.

Will the Affordable Care Act make a difference? “Conceivably it could,” says Torrisi, “if the 20 percent of Americans who are uninsured one day go to zero. We did see important benefits from the early stimulus dollars, which allowed us to purchase new equipment and hire staff.”

Closing out its first two decades of community impact, FPCN has found fresh validation in its recent National Committee on Quality Assurance accreditation as one of the nation’s first nurse-led medical homes. “This is the push we need,” says Torrisi. “It gives us, the nurse-led patient-centered primary care homes, more clout. It means a lot to potential funders.”

Those funders are key to FPCN’s future in Philadelphia and beyond. Torrisi and her staff are excited about a possible new home in York, Pa., and a project to expand the integrated behavioral health model.

For Torrisi, it is always a work in progress. “We need more creative ways to treat patients. We’re always going back to the drawing board to look for something new.”

## Family Practice & Counseling Network

<b>Patients:</b>	17,300
<b>Staff:</b>	16 advance practice registered nurses (13 full-time) ~120 total staff, including podiatric and dental care, psychologists, social workers, a dietician, diabetic specialists, and a collaborating physician
<b>Sites:</b>	Northwest Philadelphia (Headquarters) Southwest Philadelphia North Philadelphia Drexel University Collaboration
<b>Honors:</b>	“Models That Work,” HRSA Community Impact Award, GlaxoSmithKline Primary Care Achievement Award, Honorable Mention, Pew Charitable Trust, 1995 Health Strategy Network, Outstanding Clinical Practice, March 1993
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