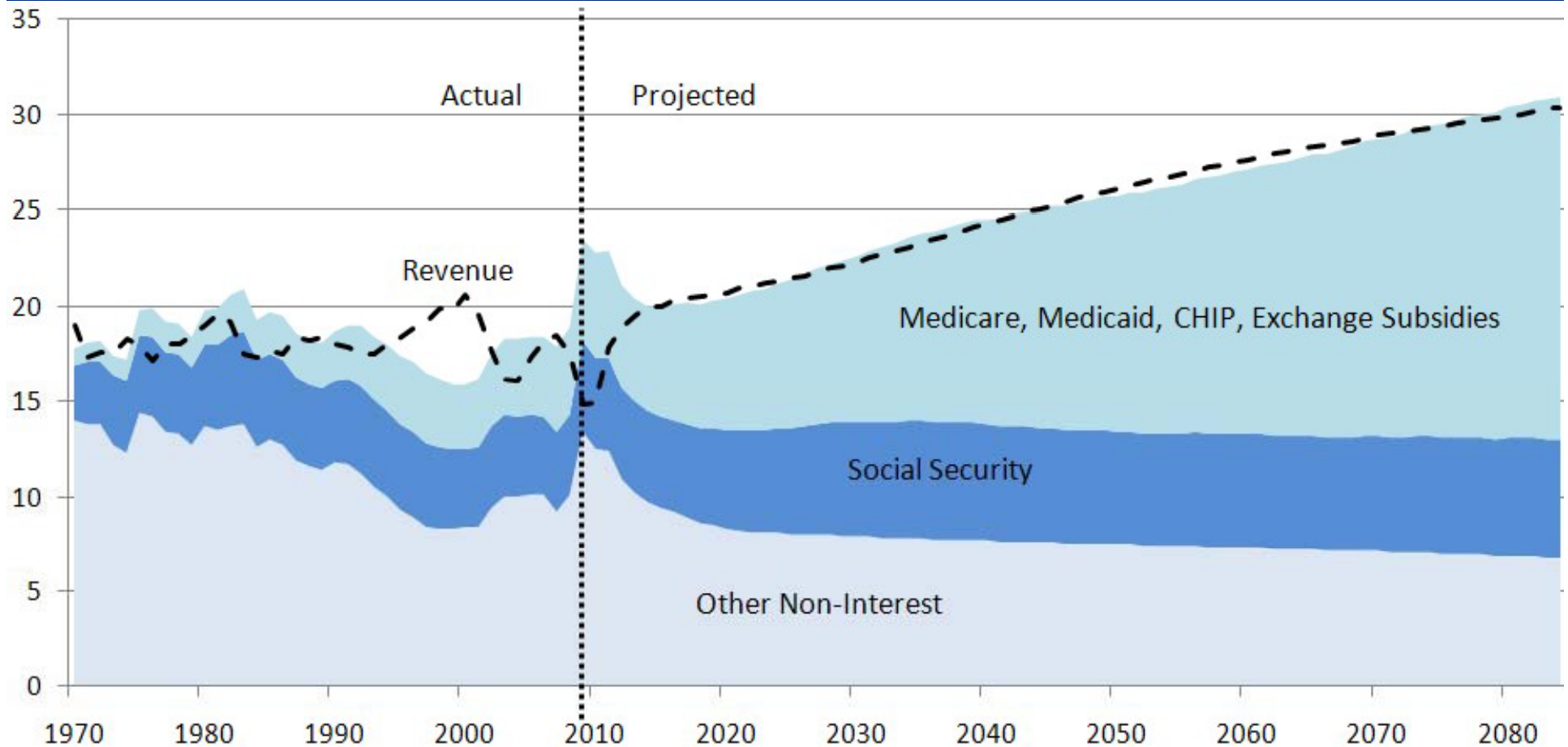


Bending the Cost Curve and Improving Quality in One of America's Poorest Cities

Jeffrey Brenner, MD
Executive Director/Medical Director



Long-term Federal Debt







2632
**CAMDEN FAMILY
MEDICINE**
Dr. Jeffrey C. Brenner, MD
856-541-6800

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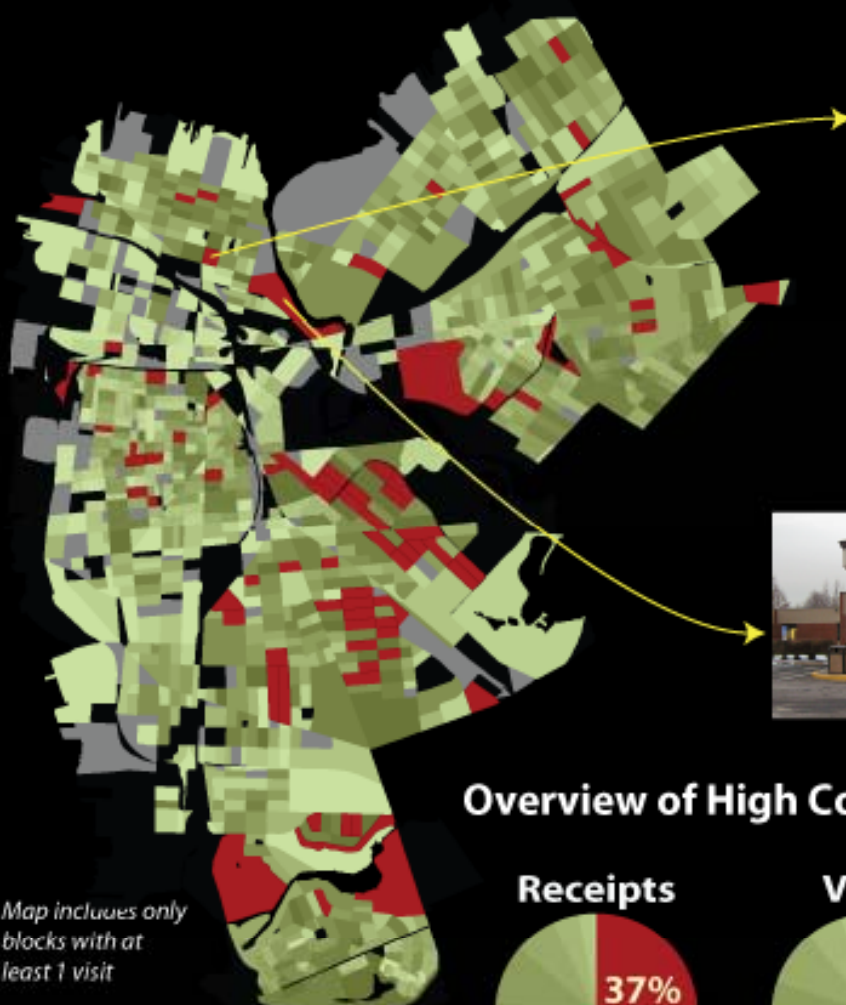
Camden Health Data

- 2002 – 2011 with Lourdes, Cooper, Virtua data
 - 500,000+ records with 98,000 patients
 - 50 % population use ER/hospital in one year
- Leading ED/hospital utilizers citywide
 - 324 visits in 5 years
 - 113 visits in 1 year
- Total revenue to hospitals for Camden residents \$100 million per year
 - Most expensive patient \$3.5 million
 - 30% costs = 1% patients
 - 80% costs = 13% patients
 - 90% costs = 20% patients

Top 10 ER Diagnosis 2002-2007 (317,791 visits)

465.9	ACUTE UPPER RESPIRATORY INFECTION (head cold)	12,549
382.9	OTITIS MEDIA NOS (ear infx)	7,638
079.99	VIRAL INFECTION NOS	7,577
462	ACUTE PHARYNGITIS (sore throat)	6,195
493.92	ASTHMA NOS W/ EXACER	5,393
558.9	NONINF GASTROENTERI (stomach virus)	5,037
789.09	ABDOMINAL PAIN-SITE NEC	4,773
780.6	FEVER	4,219
786.59	CHEST PAIN NEC	3,711
784.0	HEADACHE	3,248

Healthcare Cost Hotspots in Camden, NJ (Jan 2002-June 2008)



High Cost Buildings...



Northgate II
3,901 visits, 615 patients
\$83 million in charges
(\$21,000 per visit)
\$12 million in receipts
15% collection rate

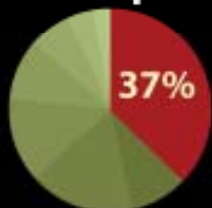


Abigail House
1,414 visits, 332 patients
\$92 million in charges
(\$65,000 per visit)
\$15 million in receipts
16% collection rate

Overview of High Cost Hotspots...

Map includes only
blocks with at
least 1 visit

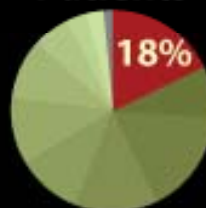
Receipts



Visits



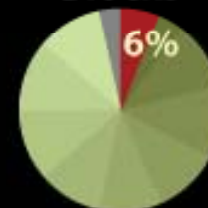
Patients



Area



Blocks



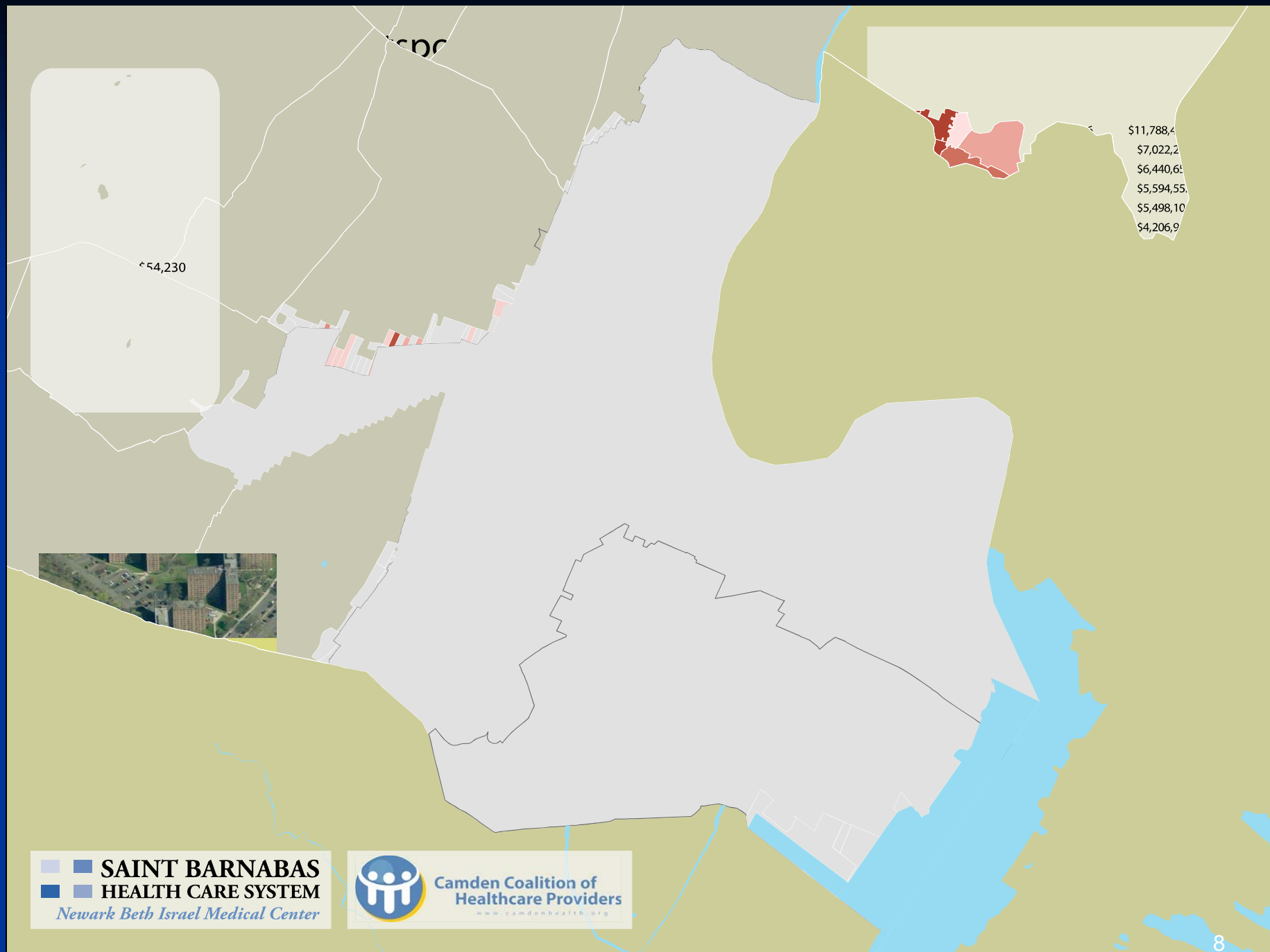
CamConnect.org



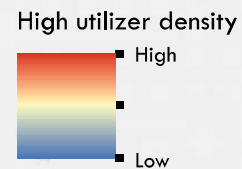
**Camden Coalition of
Healthcare Providers**

www.camdenhealth.org

Source: Cooper, Lourdes, and Virtua
Hospital and ER billing data
Jan 2002-June 2008



7/1/2008 - 6/30/2010



A hot spot is any geography where a large number of high utilizers reside. High Utilizers are defined as any individual with 3 or more hospital admissions or 6 or more ER visits within 5 years. Hot spots range from blue (no hot spot) to red (intense hot spot)



Camden Coalition of Healthcare Providers

www.camdenhealth.org

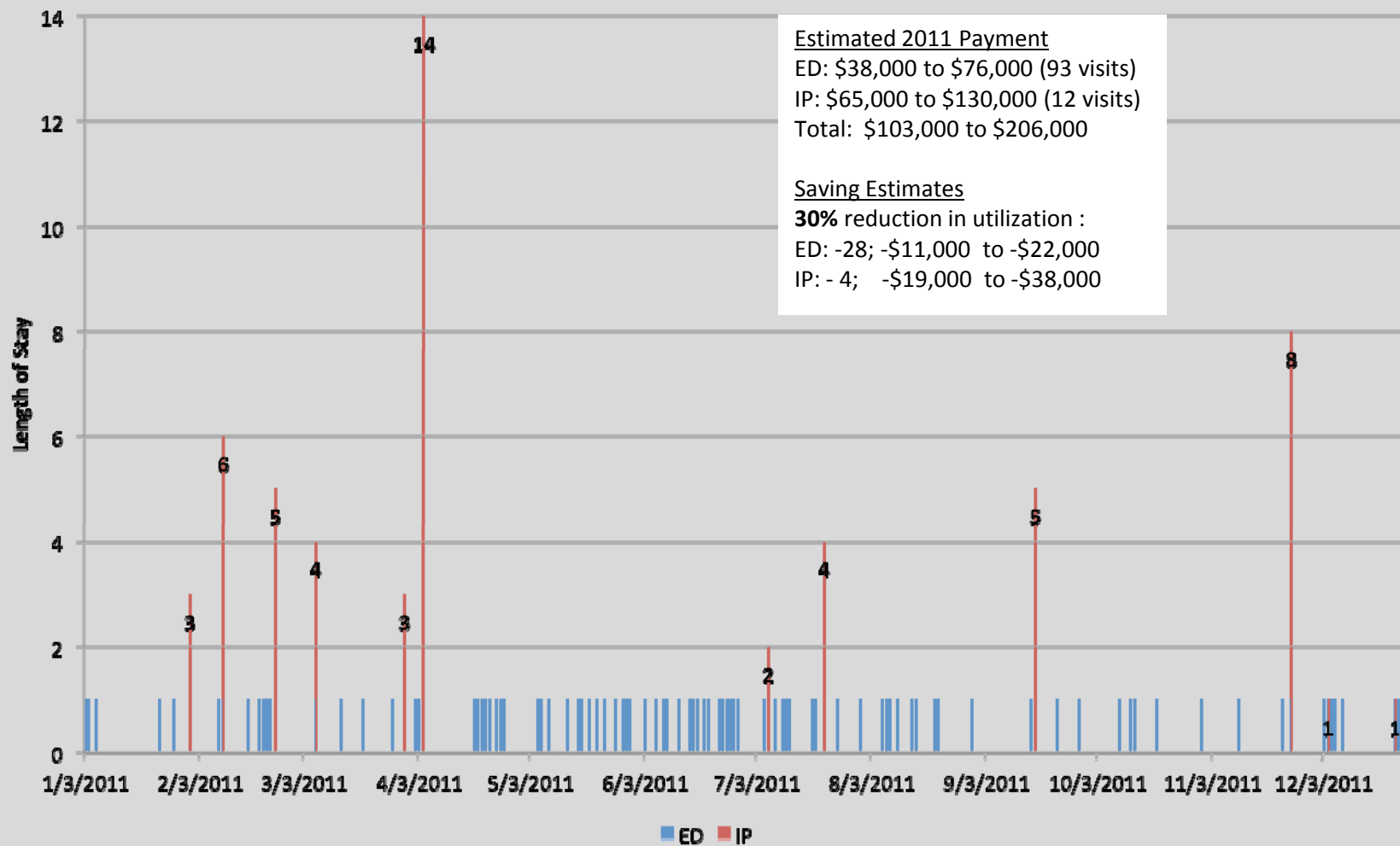
Utilization typology

ED visits, 2011	Inpatient visits, 2011				
	0	1	2	3 to 4	5+
0	0	1,293	57	4	1
1	26,128	2,075	117	7	0
2 to 3	13,390	1,842	373	68	3
4 to 5	3,216	666	223	118	15
6 to 7	1,020	251	106	84	24
8 to 9	386	112	39	41	11
10 +	339	96	70	65	62

Utilization matrix

ED visits, 2011	Inpatient visits, 2011				
	0	1	2	3 to 4	5+
0	44,728 (85%) patients 5,210 Inpatient visits 63,489 ED visits \$28,000,000 (50%) IP payment \$25,800,000 (59%) ED payment		985 (2%) patients 1,856 IP visits 4,129 ED visits \$10,000,000 (17%) IP payment \$1,700,000 (4%) ED payments	503 (1%) patients 2,026 Inpatient Visits 4,144 ED Visits \$10,900,000 (20%) in IP payment \$1,700,000 (4%) in ED payment	
1					
2 to 3					
4 to 5	4,961 (9%) patients 28,447 ED visits \$11,500,000 (27%) in ED payment	1,563 (3%) patients 1,239 IP visits 6,962 ED visits \$6,700,000 (18%) in IP payment \$2,800,000 (6%) in ED payment			
6 to 7					
8 to 9					
10 +					

Patient A



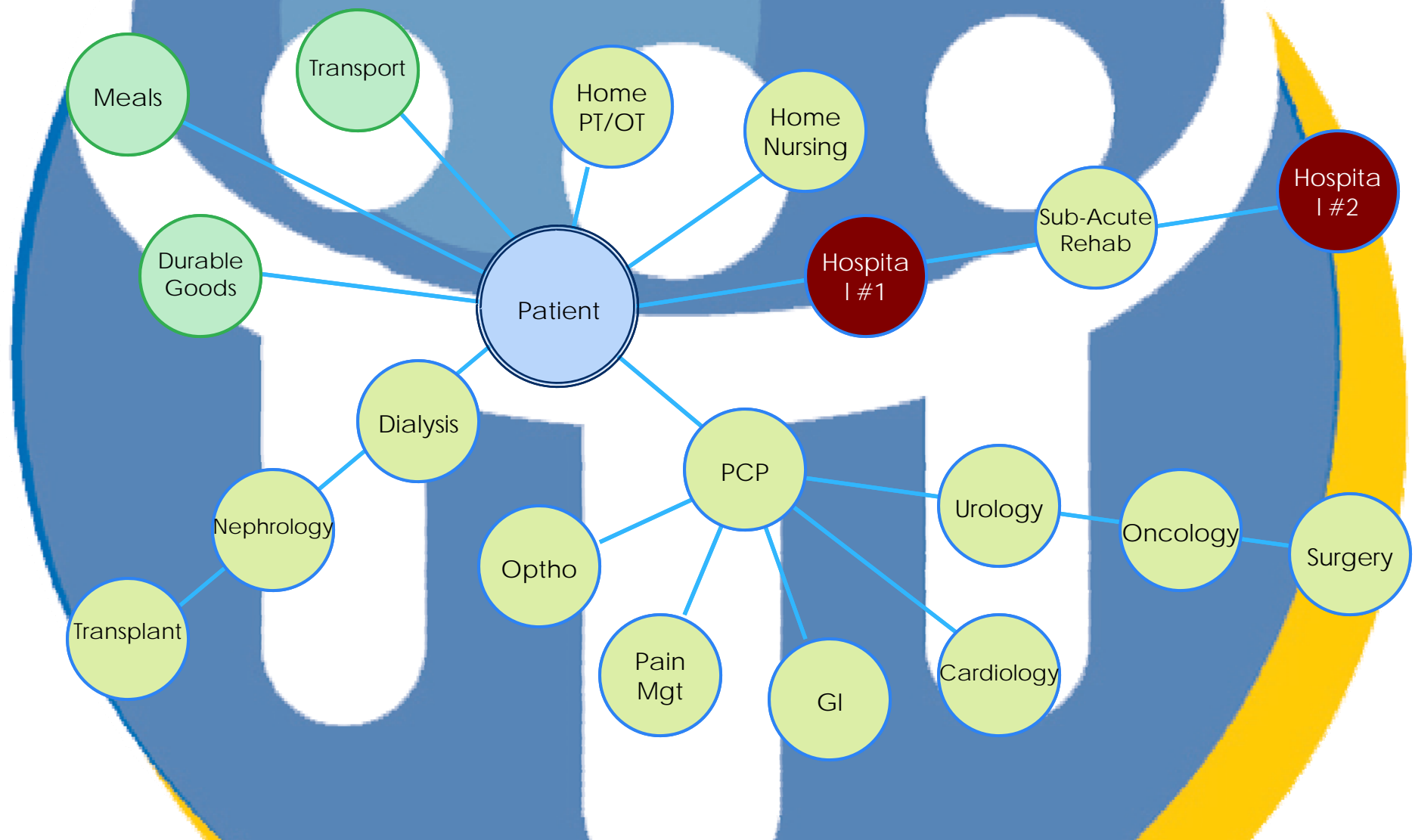
Patient Case Presentation #1

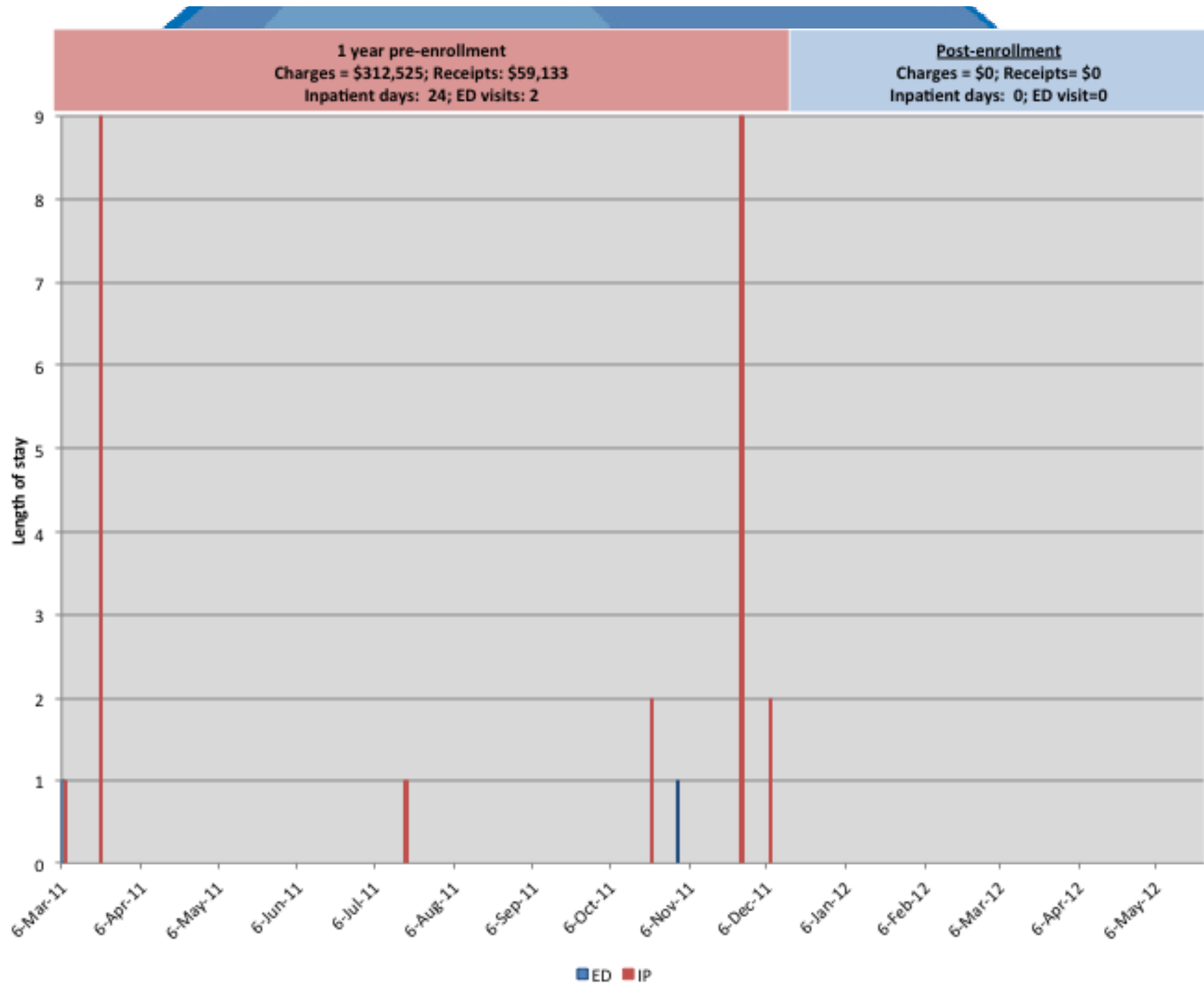
- 55-yo Male
- At time of enrollment, admitted for GI bleed and SOB (November 2011)
- Dual coverage
- Lives alone in high-rise apartment
- Complex chronic conditions
 - ESRD
 - Renal Carcinoma
 - Hepatitis B
 - Hypertension
 - Hyperlipidemia
 - Peripheral vascular disease
 - Asthma
 - Glaucoma (blind in one eye)
 - Sleep Apnea
 - Severe Back Pain
- 12 Medications daily

Patient Case Presentation #1 (cont.)

- 6-Month hospital utilization
 - 9 ED visits
 - 6 Inpatient stays
 - Average time b/t hospitalization - 45 days
- Contributors to hospital readmission
 - Family resistance to sub-acute rehab
- November 2011 - CCHP
 - Identified through HIE daily hospitalization report
 - Visited by CT team during hospitalization
 - RN, LPN, MA

Patient Centered Care Coordination







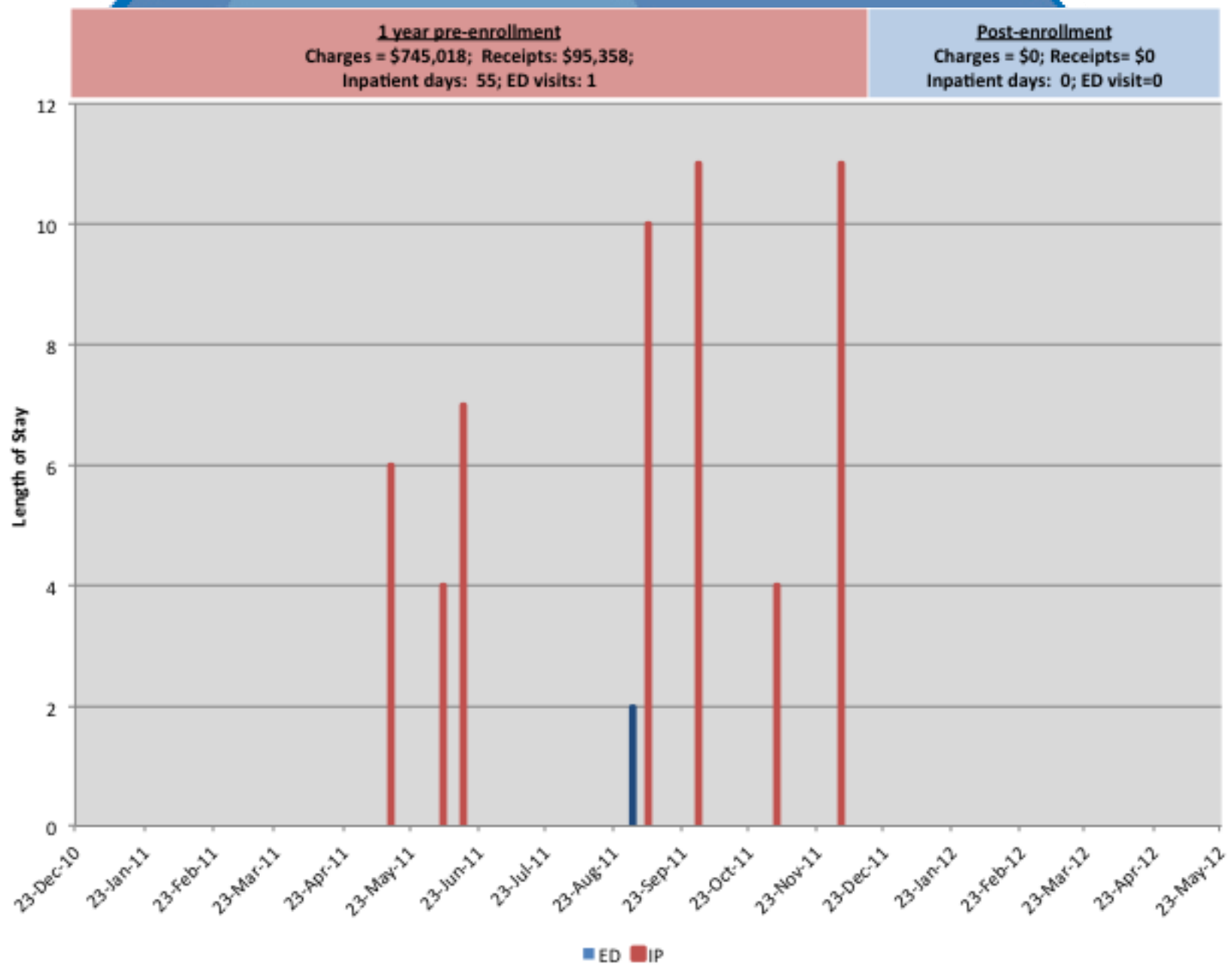
www.camdenhealth.org



www.camdenhealth.org

Patient Case Presentation #2

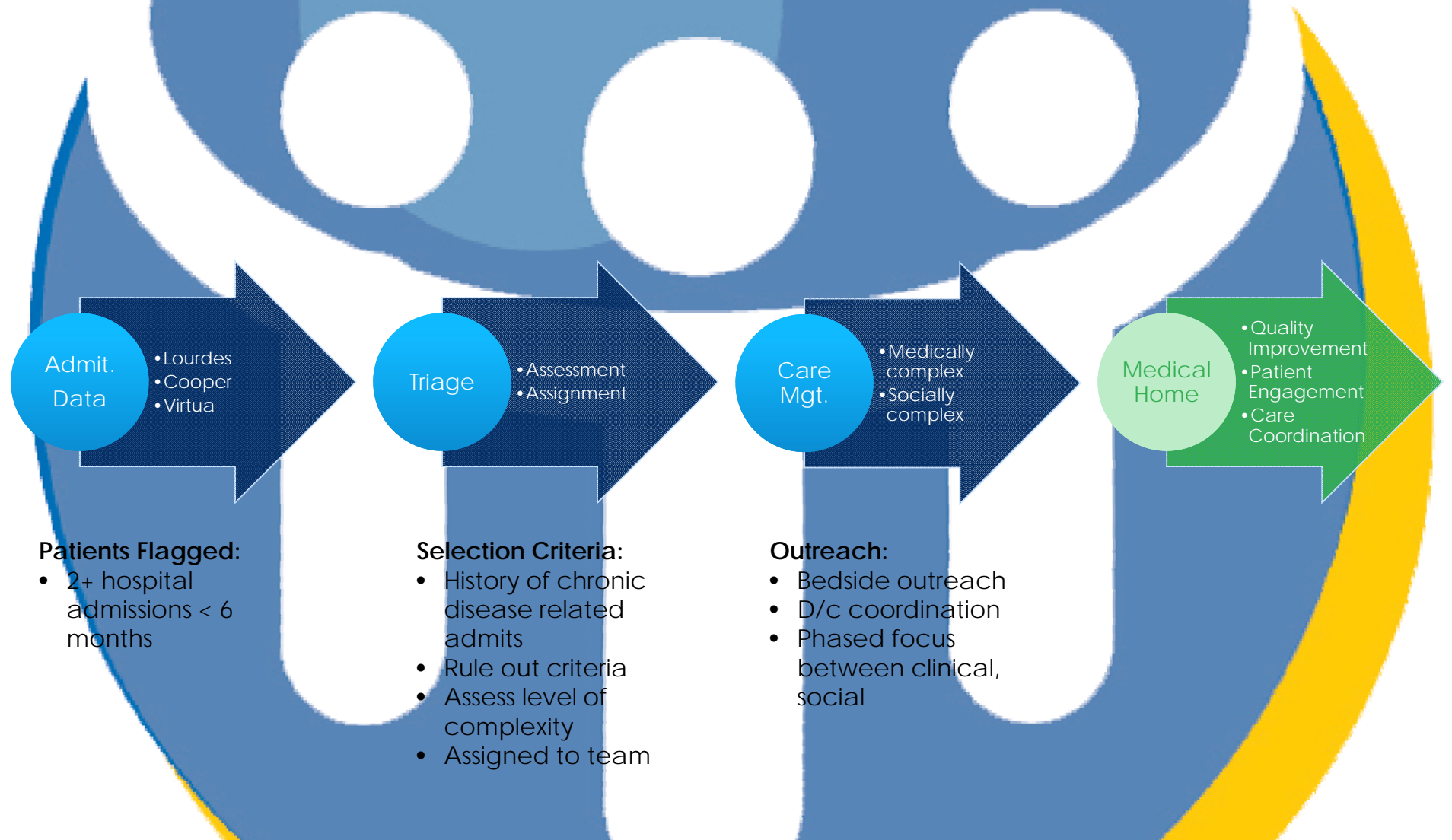
- 52 y/o female Spanish-speaking with COPD/Trach/Vent dependent, admitted for resp. distress.
- **8 readmits last 12months. Avg. admit every 29 days prior to intervention.**
- No referral, directly outreached by team @ hospital





www.camdenhealth.org

Clinical Model



Care Management Workflow

0-30 days

Clinical

- RN, LPN leads
- RN accompanied PCP visit within 7 days
- Focus on med rec, symptom tracking, coordination with primary & specialty care, education, goal setting

30-60 days

Social

- HC, CHW leads
- Focus on self management support, health navigation skills, communication reinforcement, completion of care plan

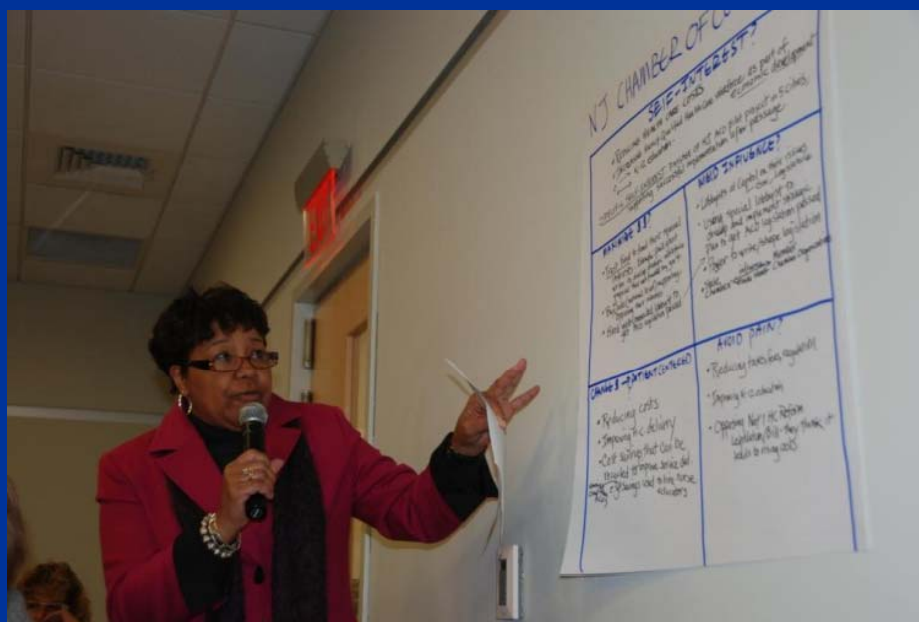
Daily Admissions Feed

Admitted past month, 6 month summary

Days 6 mo episodes													
Admit	Facility	Inp	ED	Name	dob	age	sex	PCP	PracticeName	Insurance			
06/13/12													
	Cooper	40	7	3	XXXXXXXXXXXXXX	xx/xx/xxxx	55	M	JACK GOLDSTEIN	CMC Dept of	HORIZON NJ PPO		
	Cooper	44	3	2		xx/xx/xxxx	73	F	MARILYN GORDON	CAMcare Health			
	Cooper	79	3			xx/xx/xxxx	57	M	JOHN KIRBY	Cooper Physician			
	Cooper	35	2	3		xx/xx/xxxx	21	M	NO PHYSICIAN				
	OLOL	1	2	1		xx/xx/xxxx	56	M			SELF PAY -		
	Cooper	5	2	1		xx/xx/xxxx	61	M			SELF PAY		
	OLOL	4	2	1		xx/xx/xxxx	54	M					
	Cooper	27	2			xx/xx/xxxx	47	M	MARILYN GORDON	CAMcare Health			
06/12/12													
	Cooper	15	13	1		xx/xx/xxxx	22	F	MIGUEL MARTINEZ	Cooper Physician	AMERHLTH/KEYST		
	Cooper	18	3	2		xx/xx/xxxx	55	M	NO PHYSICIAN				
	Cooper	99	3	1		xx/xx/xxxx	64	M	DANIEL HYMAN	Cooper Physician			
06/11/12													
	Cooper	9	9	5		xx/xx/xxxx	48	M	LYNDA BASCELLI	Project Hope	INTERNAL BILLING HORIZON NJ		
	OLOL	43	9	1		xx/xx/xxxx	71	F					
	OLOL	17	5	5		xx/xx/xxxx	66	F					
	Cooper	27	5	3		xx/xx/xxxx	52	M	LYNDA BASCELLI	Project Hope	BRAVO HEALTH HORIZON NJ SELF PAY		
	OLOL	35	5	1		xx/xx/xxxx	70	F					
	OLOL	46	4	5	-	xx/xx/xxxx	73	F					
	OLOL	31	3	2		xx/xx/xxxx	52	F			HORIZON NJ		
	Cooper	2	3	1		xx/xx/xxxx	68	F	MINH HUYNH				
	OLOL	1	3	1		xx/xx/xxxx	73	F					
	Cooper	34	3			xx/xx/xxxx	62	F	ANNA HEADLY	Cooper Physician	SELF PAY - HORIZON NJ MEDICAID HORIZON NJ		
	Cooper	131	2	10		xx/xx/xxxx	35	M	NO PHYSICIAN				
	OLOL	54	2	6		xx/xx/xxxx	49	F					
	OLOL	177	2	4		xx/xx/xxxx	91	F					
	Cooper	3	2	2		xx/xx/xxxx	51	M	NO PHYSICIAN				
	OLOL	139	2	2		xx/xx/xxxx	87	F					

Staff Composition

Outreach Unit	Consult Resources
RN (1)	Social Work (MSW, Case Worker)
LPN (2)	Behavioral Health
Health Coach (2)	Project Management
Community Health Worker (1)	



Train local residents to participate in decision-making over health care resources

Promote collaboration
among providers and
between providers and the
community





Comparing Emergency Room High Utilizers in Camden, Trenton, and Newark

Emergency Department High Utilizers	Top 1% 2007
<i>Camden</i>	
Patients	386
Visits	5169
Visits/Patient	13.4
<i>% visiting more than one hospital</i>	80.6%
<i>Trenton</i>	
Patients	504
Visits	7616
Visits/Patient	15.1
<i>% visiting more than one hospital</i>	78.2%
<i>Newark</i>	
Patients	928
Visits	14367
Visits/Patient	15.5
<i>% visiting more than one hospital</i>	71.1%

SENATE, No. 2443

STATE OF NEW JERSEY

214th LEGISLATURE

INTRODUCED DECEMBER 6, 2010

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)

SYNOPSIS

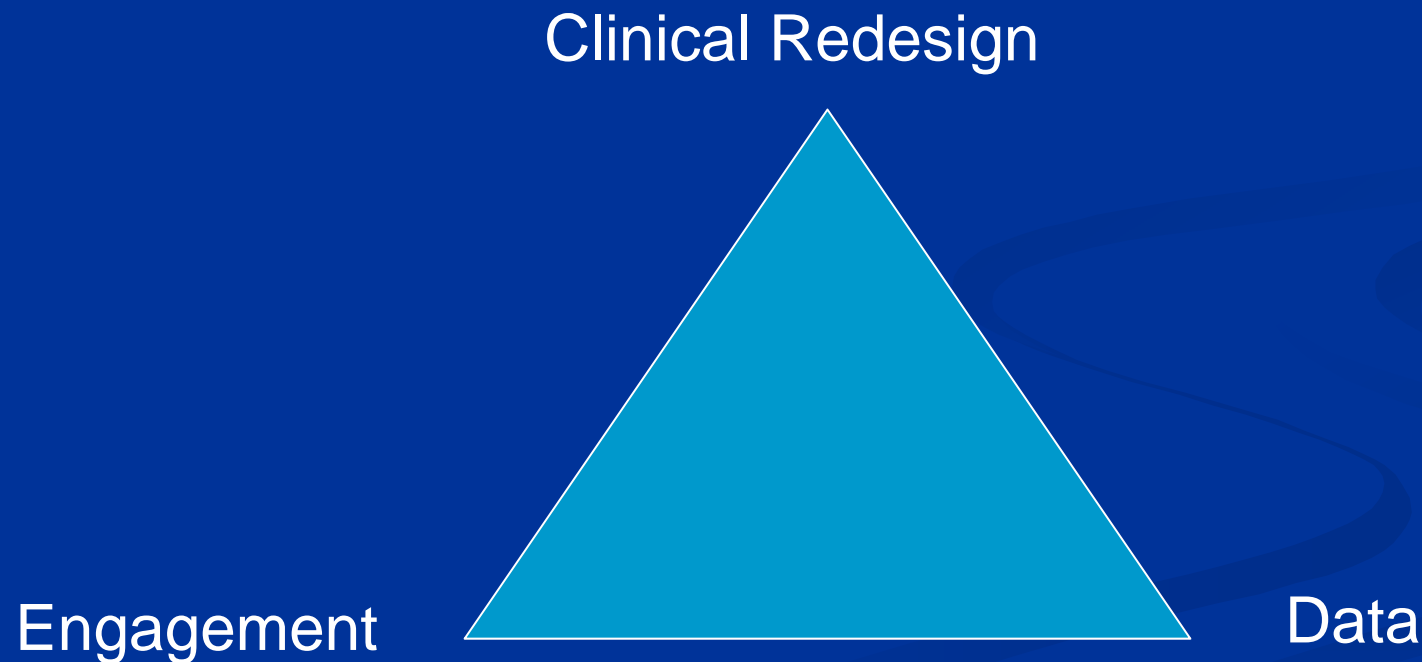
Establishes Medicaid Accountable Care Organization Demonstration Project
in DHS.

CURRENT VERSION OF TEXT

As introduced.

Overview of the Coalition

- 20 member board, incorporated non-profit
- Foundation and hospital support



More Specialty Care is Not Better Care

The New England Journal of Medicine

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VOLUME 347

JULY 11, 2002

NUMBER 2



A CONTROLLED TRIAL OF ARTHROSCOPIC SURGERY
FOR OSTEOARTHRITIS OF THE KNEE

- 180 patients randomized to sham arthroscopy vs real arthroscopy with no difference in outcomes
- 650,000 arthroscopies/year

Disruptive Change- Patient Centered Medical Home

■ MANAGERIAL ■

Value and the Medical Home: Effects of Transformed Primary Care

Richard J. Gilfillan, MD; Janet Tomcavage, RN, MSN; Meredith B. Rosenthal, PhD;
Duane E. Davis, MD; Jove Graham, PhD; Jason A. Roy, PhD; Steven B. Pierdon, MD;
Frederick J. Bloom Jr, MD, MMM; Thomas R. Graf, MD; Roy Goldman, PhD, FSA; Karena M. Weikel, BA;
Bruce H. Hamory, MD; Ronald A. Paulus, MD, MBA; and Glenn D. Steele Jr, MD, PhD

Doth policy makers and private payers in the United States have

Background: The primary care medical home has

Geisinger Demo- 18% reduction hospitalization,
36% reduction in 30 day readmissions