Overview of the Camden Coalition of Healthcare Providers



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Camden-A Very Challenging Healthcare Environment

One of the poorest cities in the country
School system, Police department, City government in State takeover

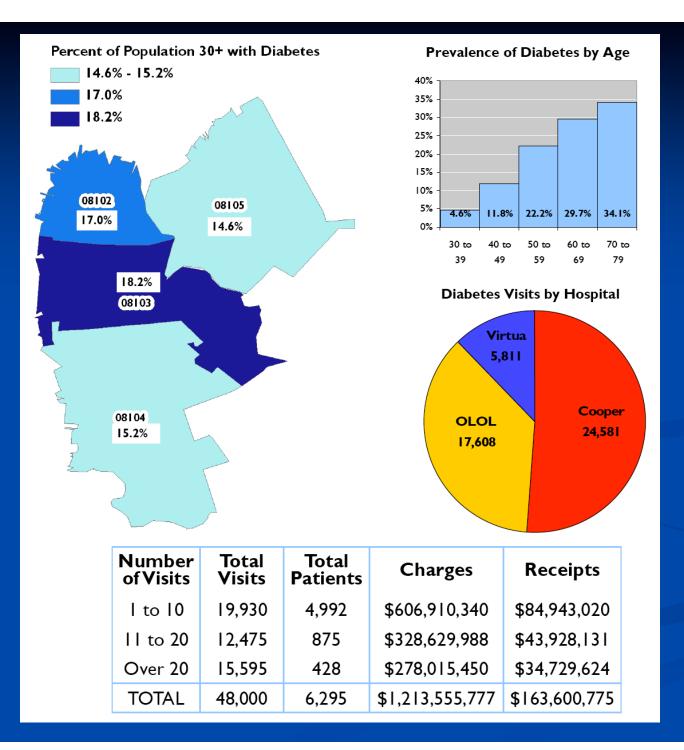
No history of cooperation between local healthcare stakeholders

Camden Health Data

New Data Set 2002 - 2007 387,000 records with 98,000 patients Leading utilizer came 324 visits Most expensive patient \$3.5 million Total revenue to hospitals for Camden residents \$460,000,000 + charity care \sim 80% costs = 13% patients 90% costs = 20% patients

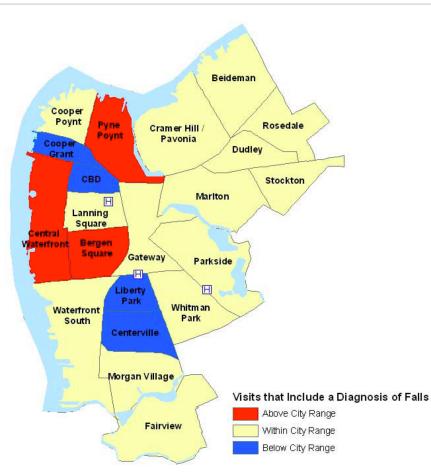
Top 10 ED Diagnosis 2002-2007 (317,791 visits)

465.9	ACUTE URI NOS	12,549
382.9	OTITIS MEDIA NOS	7,638
079.99	VIRAL INFECTION NOS	7,577
462	ACUTE PHARYNGITIS	6,195
493.92	ASTHMA NOS W/ EXACER	5,393
558.9	NONINF GASTROENTERIT NEC	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
729.5	PAIN IN LIMB	2,908
724.5	BACKACHE NOS	2,858
789	ABDOMINAL PAIN	2,836
599.0	URIN TRACT INFECTION NOS	2,799
V58.3	ATTENT DRESSING/SUTURE	2,792
724.2	LUMBAGO	2,704
920	CONTUSION FACE/SCALP/NCK	2,645
490	BRONCHITIS NOS	2,526
V68.9	ADMIN ENCOUNTER NOS	2,475
786.50	CHEST PAIN NOS	2,455



Diabetes In Camden 2002 - 2007

Camden Hospital and Emergency Room Health Data - 2003



Comparisons are based on rate per 100,000 population.

Source: Camconnect Camden Health Report, 2006

Top 1% of Utilizers (2002-2007)

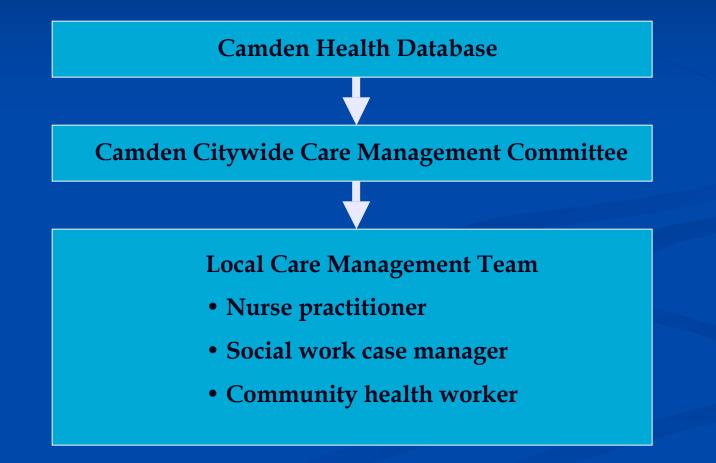
1,035 patients with 39,056 visits
Between 24 and 324 visits
Total charges \$375 million
Total receipts \$46 million + charity care
Enough \$\$ to fund 50 family physicians or 100 nurse practitioners

Mission of the Coalition

The Coalition seeks to improve the health status of Camden City residents through: collaboration

- data sharing
- education

improvements in service delivery



Experience Thus Far

Started Sept/Oct 2007 enrolling clients
115 enrolled so far
Tremendous challenges in patient issues
Good progress in communication between stakeholders

Case #1

- 46 y/o AA male with CAD, morbid obesity, DM, severe CHF (EF 15%)
- 2 previous admission this year to Kennedy and Virtua
- Semi-homeless, lives in welfare motel with girlfriend, evicted from apartment recently
- Hx of substance abuse
- No consistent primary care

Case #1

- Criminal history requires patient to register with police
- Admitted to Cooper with dyspnea and abdominal pain, stayed 2 months
- Cholelithiasis, sepsis, intubation, PEG tube, C
 Diff infection, staph infection from PIC line
- Subacute rehabilitation discharge x 10 days
- Discharged to welfare motel

Case #1

- Auto assigned to UHP and to Dr. Brenner's office
- Severe limitations in mobility
- Qualifies for federal disability benefits
- Very poor flow of information across inpatient teams, to rehabilitation, and to my office

Health care from a high utilizers point of view:

Dial 911 for warm bed, food, and shelter

Case Management- Experience Thus Far

- 43 patients matched in database
- Range of visits 1 to 324
- Most expensive patient
 - \$4,973,811 charges
 - \$661,155 receipts
 - Average receipts \$69.653
- Visits 1,663 with average 38.67 visits/patient
- 37% visits are inpatient
- Total 43 patients
 - **\$25,598,615** charges
 - \$2,995,080 receipts

Preliminary Results

Charges per month						
	Ratio of Before			<u>Absolute</u>	Percent	
<u>n</u>	<u>to After</u>	<u>Before</u>	<u>After</u>	<u>Change</u>	<u>Change</u>	
36	1:1	\$1,218,009.69	\$531,202.91	-\$686,806.78	-56.39%	
Receipts per month						
	Ratio of Before			<u>Absolute</u>	Percent	
<u>n</u>	<u>to After</u>	<u>Before</u>	<u>After</u>	<u>Change</u>	<u>Change</u>	
36	1:1	\$83,992.29	\$55,641.94	-\$28,350.35	-33.75%	
Visits per month						
	Ratio of Before			<u>Absolute</u>	Percent	
<u>n</u>	<u>to After</u>	<u>Before</u>	<u>After</u>	<u>Change</u>	<u>Change</u>	
36	1:1	61.595	37.212	-24.383	-39.59%	
Percent Reimbursment per month						
	Ratio of Before			<u>Absolute</u>	Percent	
<u>n</u>	<u>to After</u>	<u>Before</u>	<u>After</u>	<u>Change</u>	<u>Change</u>	
36	1:1	6.90%	10.47%	3.58%	51.90%	

Camden Diabetes Collaborative

- 10 Practices NCQA certification as Medical Home
- Provider & Staff Education on Chronic Disease Model
- Community-based network of Diabetes Education Programs
- Coordination with Medical Day Programs
- Targeted care of the high cost/high needs DM patients

Observations About Outreach Care Team

- Small 3 person team of CHW, SW, FNP
- Could add one additional CHW without disrupting team structure
- Intakes often done by all three staff or at least 2 staff to increase bonding with pt to entire team and allow for more rapid team-level problem solving for pt

 Lead staff member for a case varies depending on case details and who bonds with patient (relationships are everything)

Observations About Outreach Care Team

- Efficiency vs Quality of Intervention- Very difficult patient populations can cause high staff burnout. Important to allow staff to go out together and give time for communal debriefing.
- Preservation of Team Cohesion- Team needs to be physically housed together, not with or in vicinity to their own disciplines. (parallel work vs true patient-centered team care)

Community Health Worker

Roles

Patient education
 Care coordination (making appointments,

arranging transportation)

Emotional support

Assistance with benefit applications

Need close supervision and should be working regularly with same clinician and social worker to model behavior