

The Camden Model

An integrated community-led safety-net
Accountable Care Organization



PICO National Network | *Unlocking the Power of People®*



Camden Coalition of
Healthcare Providers

Achieving a triple bottom-line

1. Better care for highest need patients and communities
2. Reducing health care costs
3. A sustainable model for improving health outcomes in underserved communities

Main idea

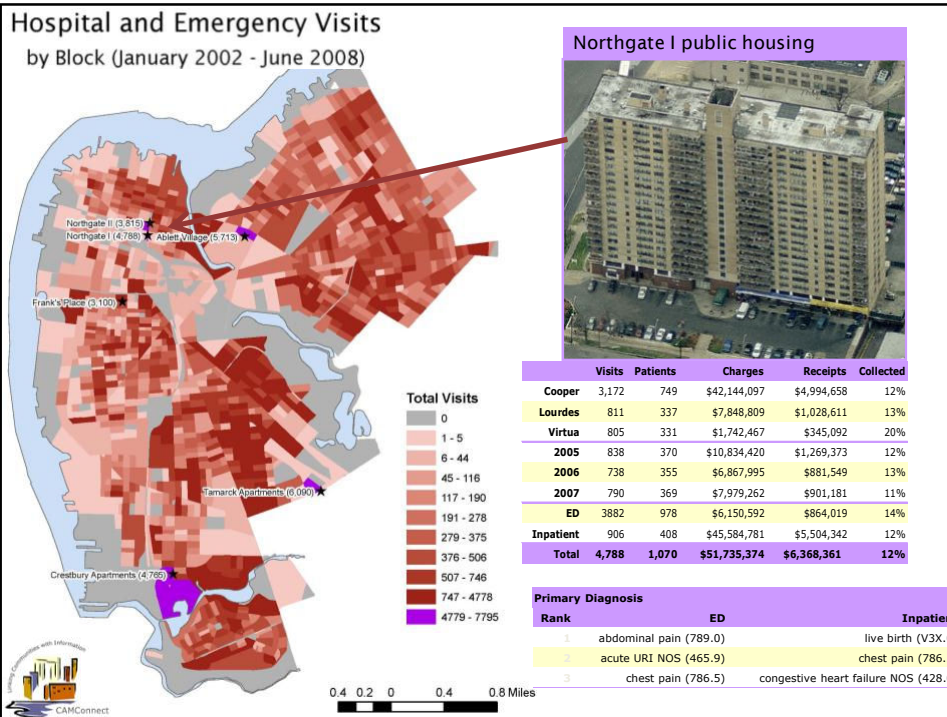
Apply the principles and practices of **community organizing** to reorganize a fragmented health care delivery system

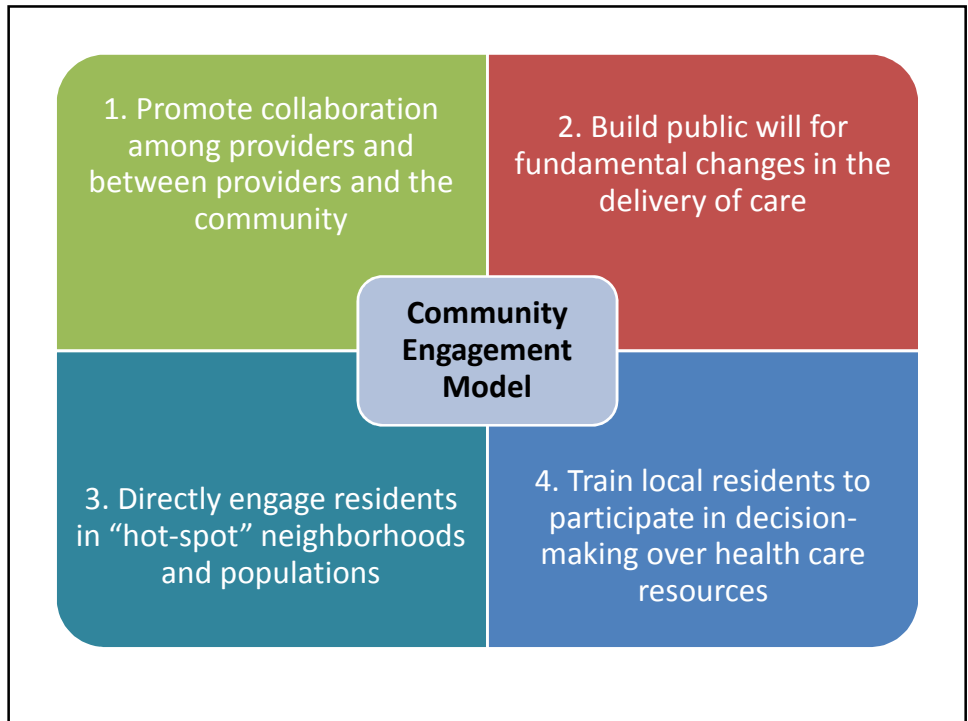
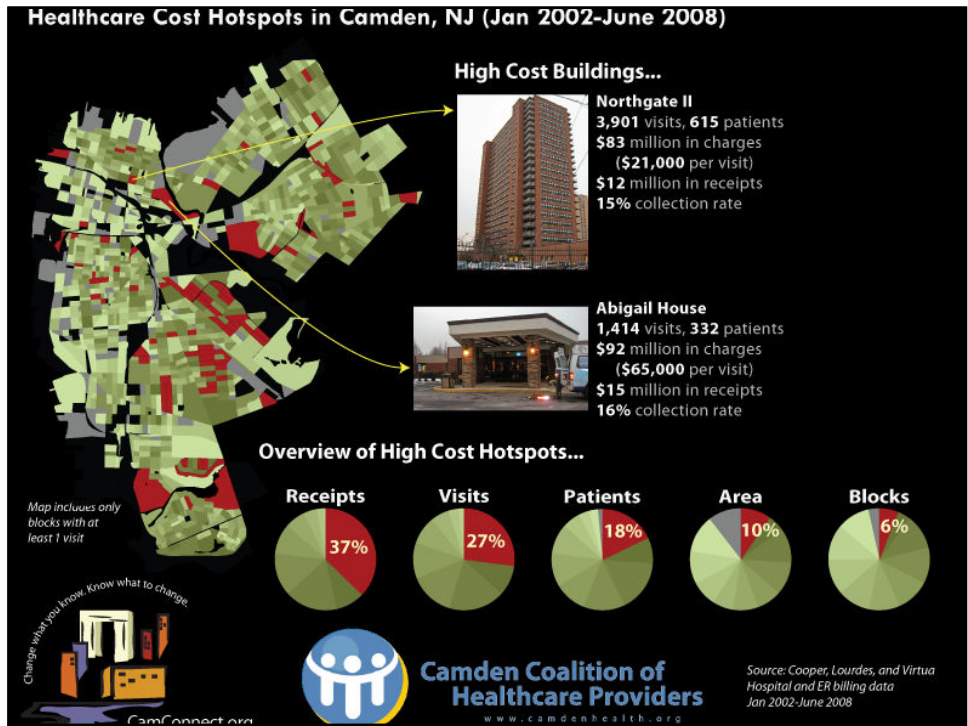
Context: Camden Health Data

- 2002 – 2009 with Lourdes, Cooper, Virtua data
 - 480,000 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 \$460,000,000 + charity care
 - 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



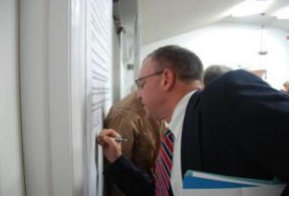


1. Promote collaboration among providers and between providers and the community



LOURDES HOSPITAL

REASON #1	REASON #2
<ul style="list-style-type: none"> Access to services Quality of care Financial stability Community health 	<ul style="list-style-type: none"> Quality of care Financial stability Community health Access to services
REASON #3	REASON #4
<ul style="list-style-type: none"> Quality of care Financial stability Community health Access to services 	<ul style="list-style-type: none"> Quality of care Financial stability Community health Access to services



2. Build public will for fundamental changes in the delivery of care



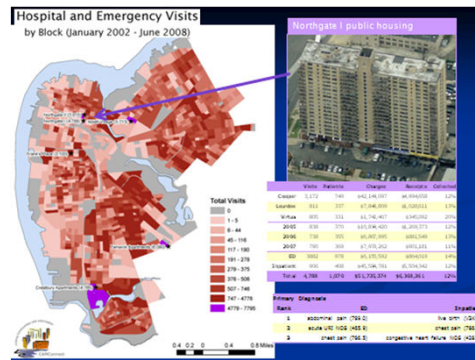
CCOP community leaders have travelled to Trenton to testify in support of state community-driven ACO legislation



Hot Spot Listening:

- (1) Organizers visit people in neighborhoods that are generating high-levels of emergency room visits, to hear people's experience
- (2) Organizers engage local institutions (congregations, schools, etc...) as partners.
- (3) Organizers find potential leaders in the community and bring them together to identify priorities for improving care and allocating shared savings.

3. Directly engage residents in "hot-spot" neighborhoods and populations



On March 22, 2011 300 Camden residents gathered with local, state and federal officials for a ribbon-cutting ceremony for a new nurse practitioner clinic in North Gate II



APRIL SAUL/J Staff Photographer
 Cutting the ribbon are (from left) U.S. Rep. Robert E. Andrews, Mayor Dana Redd, resident Pilar Perry, U.S. Sen. Robert Menendez, and Teikeila Rogers of Camden Churches Organized for People.



A Covenant for a Healthier Community

For too long the residents of the City of Camden have suffered long waits in the emergency room, difficulty getting timely access to primary care, and repeated visits to the hospital for preventable reasons. Fixing this problem will require a dramatic change by everyone: patients, providers, insurance companies, hospitals, and the State of New Jersey.

- We pledge to work together for a healthier city.
- We pledge to collaborate, even when it gets hard.
- We pledge to have hard, honest discussions and use data to find our way.
- We pledge to set aside old ideas and seek new solutions.
- We pledge to be accountable for measurable improvements over time.
- We pledge to work towards a system where patients can find timely access to high quality healthcare services.
- We pledge to not call 911 or go to the emergency room when there are better options for care.
- We pledge to eat well, get plenty of sleep, and exercise.
- We pledge to ask questions and take enough time to listen deeply.
- We pledge to address the poverty, unsafe living conditions, and environmental contamination that lead to poor health outcomes in Camden.
- We pledge to look after one another because caring and compassion from neighbors, family, friends, and fellow parishioners are the best ways to prevent illness.
- We pledge to seek a different way to pay for healthcare that rewards good outcomes and creates a healthier community.

The Camden “Community Engagement” Model



Overview of the Camden Coalition of Health Care Providers

- 20 member board, incorporated non-profit
- Foundation and hospital support
- Projects-
 - Camden Health Database
 - Citywide Care Management Project
 - Camden Diabetes Collaborative
 - Camden Health Information Exchange
 - Citywide Violence Intervention

Key interventions

Camden Coalition of Healthcare Providers

- Community Coalition-building
- Data Analysis and Sharing
 - Claims data
 - Local health information exchange (HIE)
- Special Needs Medical Home
 - High Utilizer Teams
 - Nurse Practitioner clinics
- Primary Care Transformation
- Community Engagement
 - Community Organizing
 - Lay Health Education and Professional Health Education

Initial Project Outcomes for Patients in Citywide Care Management Project

Measured as rates per month before and after the intervention at 1:1 ratio
N=36 patients

Outcome Measure	Before	After	Absolute Change	Percent Change
Charges	\$1,218,010	\$531,203	-\$686,807	-56.4%
Receipts	\$83,992	\$55,642	-\$28,350	-33.8%
Collections rate	6.9%	10.5%	3.6%	51.9%
Emergency Visits	43,532	29,363	-14,169	-32.6%
Inpatient Visits	18,063	7,850	-10,214	-56.5%

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.

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March 7, 2011

  **POLISTINA & MUÑOZ: BETTER HEALTHCARE FOR LESS**

ASSEMBLY PANEL APPROVES POLISTINA AND MUÑOZ BILL TO IMPROVE HEALTHCARE FOR MEDICAID RECIPIENTS AT A LOWER COST

The Assembly Health and Senior Services Committee approved legislation today creating a three-year pilot program that would improve healthcare for Medicaid recipients at reduced costs. It is sponsored by Assembly Republicans Vince Polistina and Nancy Muñoz.

"This will provide better healthcare for less," said bill sponsor Assemblyman Vince Polistina, R-Atlantic, a member of the Health committee. "This could revolutionize treatment for the most vulnerable while saving

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NJ Medicaid ACO Pilots

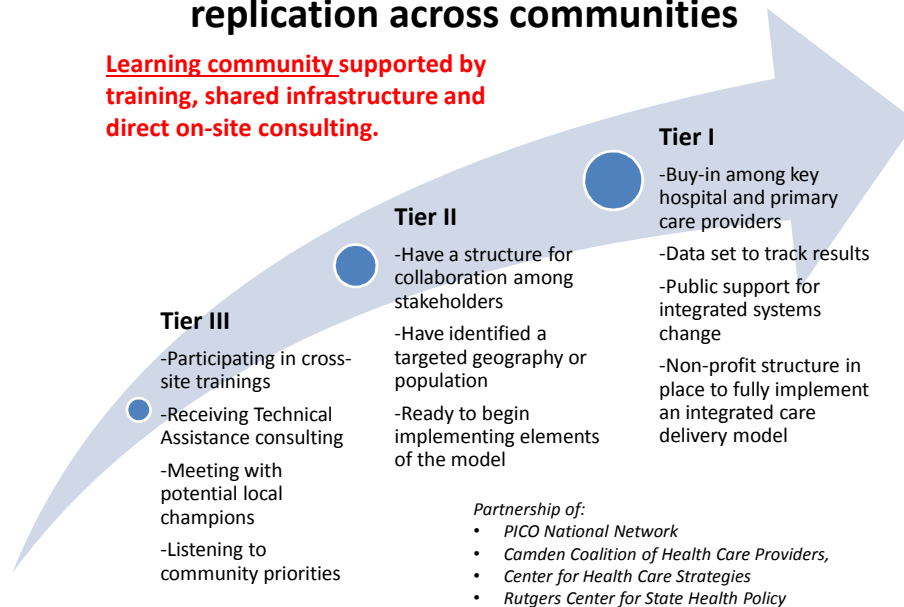
- Community-based non-profit
- Geographic Collaboration
 - 100% inpatient hospitals
 - 75% of primary care providers
 - At least 4 behavioral health providers
- Payer participation
 - Mandatory Medicaid FFS
 - Optional Medicaid HMO's

NJ Medicaid ACO Pilots

- Gainsharing or shared savings model
 - No change in current mode of payment
- State plays the role of intermediary
 - Recognizing ACO's
 - Ensures appropriate use of gainsharing funds
- Rutgers State Center for Health Policy
 - Helps calculate gainsharing payments
- Two cities ready (Camden, Trenton) and other cities exploring

National learning community to support replication across communities

Learning community supported by training, shared infrastructure and direct on-site consulting.



Implications for Health Care Delivery System Demonstration Projects

1. Community organizing is an integral component to sustainable change
2. Greatest and most immediate benefit from focusing on the highest need communities and patients
3. Need for real community representation in ACO governance
4. Part of shared savings should be reinvested in improving population health