



A Coalition Creates a Citywide Care Management System

Increasing and improving access to primary and specialty care for Camden's most vulnerable residents

SUMMARY

The [Camden Coalition of Healthcare Providers](#) is a collaborative of practitioners, health centers and hospitals in Camden, N.J., across the Delaware River from Philadelphia. The 2005 U.S. Census found Camden to be the poorest city in the country, with 44 percent of the population living below the poverty line.

Starting in 2003, the coalition built a citywide health database of claims data from the three local hospitals. These data showed that 50 percent of Camden residents visited a local emergency department or hospital in a single year, twice the rate for the United States overall. The majority of the visits were for preventable conditions that are treatable by a primary care provider. This data collection was funded through [New Jersey Health Initiatives](#), a program of the Robert Wood Johnson Foundation (RWJF). For more results of the program, see [Program Results Report](#).

To reduce unnecessary emergency department and hospital utilization for vulnerable populations in Camden, the coalition created a citywide care management system. A team—comprised of a family physician, nurse practitioner, medical assistant and social worker—works with high emergency room and hospital users, providing transitional primary care aimed at moving patients to an appropriate primary care setting. RWJF supported the development of this system through a second grant under [New Jersey Health Initiatives](#).

Going Where Patients Are

"The project is all about working with high-utilizing patients," Susan Liu, MPA, the coalition's assistant director, said. "They are largely homeless, socially complex, are substance abusers, have mental illness and have poorly managed chronic disease. To manage their care requires a lot of relationship building. We don't have a clinical office. We will see our patients in the ED [emergency department] or hospital if they wind up there, but otherwise we see them at home, in a shelter, on the street, wherever they are."

Project staff first focused on providing psychiatric care and mental health services, which are in short supply in Camden, according to Liu. When the coalition received a \$2 million, five-year grant from the Merck Foundation in February 2009 (mid-way through the RWJF funding) to implement a citywide diabetes care collaborative, the team shifted its focus to diabetes care. Many high-utilizing patients have diabetes.

The team used what they learned in delivering comprehensive and coordinated diabetes care to high utilizers with type 2 diabetes to create a model of care that can be applied to mental health, asthma, heart disease and other conditions.

The nurse practitioner on the team makes primary care visits (including prescribing and monitoring medications), and the team's social worker coordinates needed health and social services. A care management committee meets monthly to discuss cases, resolve patient issues and provide guidance to the project.

Key Results

- Over the three years of the project (July 2007 through July 2010), the care management team provided outreach to about 312 patients and assessed their medical and social needs.
- As of June 2010, the team was actively managing 108 patients:
 - Some 60 of these patients require weekly or biweekly in-home visits and phone calls to monitor progress.
 - Some 48 patients show progress toward stability:
 - Their emergency department and hospital utilization has decreased.
 - They have made progress toward self-management of their diabetes.
 - Clinical measures, such as blood glucose levels, indicate improved health outcomes.

These patients, however, still require on-site (e.g., in their homes, a shelter) primary care before they can be established with a permanent medical home, such as a primary care practice.

- "The health systems are functioning better together than when we started," said Liu. "The hospitals have committed to collaboration with each other to resolve issues. So we have made progress at the organizational level in addition to the patient level."

Lessons Learned

1. The creation and implementation of a care management system must be data driven, according to Liu. "The fact that we had the database to start made a big difference."

2. Build relationships at the service level to start. "We laid low for several years and developed relationships with emergency department physicians and social workers," said Liu. "Dealing first with the CEOs wouldn't have worked. It is better to work with the people doing the work. Once you have that—and can show an impact in a data-driven way—then you can talk to executive level administration."
3. Begin on a small scale, with a small staff and a small number of patients. If the environment shifts or unanticipated changes occur, staff can easily make the appropriate adjustments to the project. It is easy to grow a small project—but not so easy to shrink a large project. (Project Staff)

Funding

RWJF supported this project under its *New Jersey Health Initiatives* (NJHI) program with two grants to the Cooper Foundation (ID# 056562 for \$50,000 and ID# 062062 for \$300,000) running from December 2005 through June 2010.

Afterward

The citywide care management project continues as of September 2010 with support from other funders. The coalition hopes to find sources of long-term funding and expand its reach to more individuals by training additional outreach teams that will be managed by the different hospitals and health centers in Camden. The cities of Newark and Trenton are developing care management systems based on the Camden coalition's model.

The coalition expects to launch the Camden Health Information Exchange in late September 2010. The exchange enables Camden health care organizations to have access to laboratory, radiology and discharge information for all Camden residents from the three Camden hospitals and medication data from Medicaid.

"Any of the other health care organizations can access the information on a patient," Liu said, "so they can see what has happened elsewhere: the diagnosis, medications, plan of treatment. There is better continuity for the patient."

The collaboration and relationships built during the course of the care management project, Liu said, "have paved the ground for a lot of other things"—like the exchange."

A possible contract with AmeriChoice to manage the care of a panel of AmeriChoice subscribers in Camden would provide partial support to the project. AmeriChoice is a primary provider of public sector health care programs, including Medicaid, Medicare and the Children's Health Insurance Program.

As of fall 2010, the New Jersey state legislature is considering legislation creating an Accountable Care Organization (ACO) pilot program in underserved urban areas. ACOs

are networks of physicians, hospitals and other providers working to improve health care and reduce costs for a defined population.) The coalition fits the ACO model and anticipates participating in a pilot program. Gainsharing of citywide cost savings would be a source of sustained funding for the care management project.

Prepared by: Mary B. Geisz

Reviewed by: Kelsey Menehan and Molly McKaughan

Program Officer: Marco V. Navarro

Grant ID# 62061

RWJF Team: New Jersey

BIBLIOGRAPHY

Articles

Brenner J. "Reforming Camden's Health Care System—One Patient at a Time." *Prescriptions for Excellence in Health Care* (newsletter from a collaboration between Jefferson School of Population Health and Lilly USA, LLC), Issue 5: 14–16, 2009. Available [online](#).

Brenner JC. "Proposal for a Demonstration Program for Accountable Care Organizations (ACOs) in Urban, Underserved Communities in New Jersey." *Garden State Focus* (publication of the New Jersey Chapter of the Healthcare Financial Management Association), 56(6): 7–12, 2010. Journal issue available [online](#)—scroll down to page 9 of the PDF for the article.

Grantee Websites

www.camdenhealth.org. Website of the Camden Coalition of Healthcare Providers. Camden, NJ.