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

Department of Health and Human Services
Best Practices for Health Systems in the Field

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Camden Coalition of Healthcare Providers
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Overview of the Coalition

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

Projects
• Camden Health Database
• Citywide Care Management Project
• Citywide Care Transitions Project
• Camden Diabetes Collaborative
• Camden Health Information Exchange
• Violence Intervention Project
• Group Prenatal and Pediatric Visit Program
Camden Health Database

Claims data from the City’s 3 hospitals for all Camden residents, 2002-2010

- 50% of population uses the ED/Hospital each year
- Leading hospital utilizer had 324 visits over 5 years; 113 visits in 1 year

Total yearly revenue to hospitals for Camden residents $90-$100 million

- 30% costs = 1% of patients
- 80% costs = 13% of patients
- 90% costs = 20% of patients

<table>
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<th>1% of patients</th>
<th>next 12% of patients</th>
<th>7%</th>
<th>80%</th>
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<td>30% of costs</td>
<td>50% of costs</td>
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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...

Receipts: 37%
Visits: 27%
Patients: 18%
Area: 10%
Blocks: 6%

Map includes only blocks with at least 1 visit

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

Camden Coalition of Healthcare Providers
CamConnect.org
Community Involvement

Claims data from Camden Health Database

Referrals
• From 3 local EDs (Social Workers/Case Managers)

Collaboration in monthly citywide meetings
• Anonymous case-based discussions to address individual and systemic barriers to patient care
• Networking & Resource sharing
Coalition Building

Building Relationships

- City level meeting
- County-wide Mental Health/Substance Abuse/Housing
  - Monthly meetings with state and county representatives
    - Partnerships with local mental health providers
    - Partnerships with local homeless shelter
- Housing Fund
Train local residents to participate in decision-making over health care resources
Health Information Exchange

Who is involved?
- Our Lady of Lourdes
- Cooper Health System
- Virtua
- Underwood Memorial
- Kennedy Health System (Spring 2012)

What is in the HIE?
- Admit/Discharge/Transfer (ADT) feeds
- Lab Results
- Radiology Reports
- Discharge Summaries
CCHP Outreach

- Nurse driven care transition
- Patients with history of ED visits/hospital admissions and readmissions (2+ admits w/in 6 mos.); socially stable
- Average 6-8 week engagement

- Multidisciplinary care management outreach
- Patients with history of ED visits/hospital admissions and readmissions (4 admits w/in 6 mos.); social complexities
- Average 6-8 month engagement

Medical Home
- Care Coordination
- Data driven care mgt.
- Patient Engagement

Intermediate Risk

Hospital Admissions Data

Inclusion Triage

Care Continuum Model

Intermediate Risk

High Risk

Camden Coalition of Healthcare Providers
www.camdenhealth.org
Anecdotal Reasons for Success

1. Longitudinal relationship
   - Build rapport/trust over time

2. Proactive, holistic model of care
   - Where the person is/whatever it takes
   - Respectful & non-judgmental care

3. Community Relationships

4. Community-based Problem Solving
Insights...

Small, incremental steps

Population everyone can agree upon

Not a top down approach