



## **The Camden Coalition Of Healthcare Providers: An Organization Overview August 2017**

### **I. Introduction: The Camden Coalition of Healthcare Providers**

The Camden Coalition of Healthcare Providers (Camden Coalition) is a nonprofit coalition of health care providers, community partners, and advocates in Camden, New Jersey, committed to improving the wellbeing of individuals facing the most complex medical and social challenges. Unfortunately, our health care system often fails individuals with complex health and social needs—those grappling with interrelated medical, and social challenges including addiction, housing, hunger, and mental health. These individuals frequently experience poor health outcomes despite high rates of inpatient and emergency department utilization.

Through 15 years of work, the Camden Coalition has dedicated itself to finding ways to provide better care at lower costs for individuals with complex health and social needs by innovating and testing health care delivery models using data-driven, human-centered practices, as well as sharing its knowledge and experience with other communities across the United States. The Camden Coalition has evolved, making changes to its complex care interventions, adding additional programs to address patient and provider needs, and advocating for state-level policy change. Most recently, the Camden Coalition launched the National Center for Complex Health and Social Needs.

Ultimately, by working with stakeholders in Camden and with partners across the nation, the Camden Coalition believes that we can provide better care at lower cost. This belief is echoed in its mission to spark a field and a movement that unites communities of caregivers in Camden and across the nation to improve the wellbeing of individuals with complex health and social needs.

### **II. Background**

The Camden Coalition was founded in 2002 by Dr. Jeffrey Brenner, a family physician and 2013 MacArthur award winner, who was frustrated by social obstacles facing Camden residents and his inability to address those barriers. In Camden, 29 percent of health care costs are attributed to just one percent of patients, and 84 percent of costs are attributed to 20 percent of patients. This small subset of the patient population shows patterns of extreme health care utilization.<sup>1</sup>

Focusing on this subset, the Camden Coalition has developed a strategy that has become known as health care hotspotting--the strategic use of data to reallocate resources to a small subset of high-needs patients. Applying this strategy, the Camden Coalition segments the population by complexity—the interaction between their health and social needs—rather than specific disease states, to address the root causes of high utilization.

The Camden Coalition continues to see the challenges in Camden as reflective of the larger national 'health care paradox.' We as a country spend more on health care than any other developed country but have some of the worst health outcomes among these countries. The

Camden Coalition understands that the medicalization of social problems has created a scenario in which individuals turn to the health care system when their basic needs are not being met. The Camden Coalition believes that if some of the money spent on health care were shifted to social services and used to meet basic needs, quality of life in the United States would be better and costs would be lower across the board.

Today, the Camden Coalition is a membership nonprofit with a 28 member board comprised of local health care systems, medical, social and behavioral health providers, community partners and advocates. The Camden Coalition has approximately 100 staff and an operating budget (2017) of \$16 million.

### III. Programs and Initiatives: What We Do

The Camden Coalition supports a variety of programs and initiatives that are rooted in comprehensive data and aim to improve health outcomes and reduce the cost of care for individuals with complex health and social needs not only in Camden, but in the state and country.

As no organization can singlehandedly make these changes, the Camden Coalition turns to the population it serves and to systems-level stakeholders for input. The work hinges on listening deeply, to understand emerging needs and work out solutions. Deep listening underscores that authentic healing relationships are a core solution to systemic problems. Building strong connections between individuals and their care providers brings the human element back into health care, giving patients agency to define their own goals and work toward them and advancing system level change that is ultimately patient-centered and strengthens relationships across communities.

The Camden Coalition works at the local, state, and federal level to implement a couple of core strategies:

- **Innovate and adapt interventions alongside community members:** The Camden Coalition partners with community to co-design new interventions and adapt existing models in ways that elevate health holistically while embracing the philosophy of productive failure. Iterating on these interventions refines the models and ensures they are working to improve both utilization and well-being.
- **Operationalize (i.e., systematically scale and improve) complex care interventions in Camden:** Putting interventions into place in Camden means delivering tried-and-true programs and processes, keeping in line with the original intent and structure of patient centricity and relationship-based care while embracing continuous improvement and responsive learning. The Camden Coalition connects individuals with complex health and social needs to the right care at the right time.
- **Mobilize stakeholders at the local, state, and national levels:** The Camden Coalition brings together diverse stakeholders to improve the well-being of individuals with complex health and social needs. This includes collaboration and support at the local, regional, and national levels in service of eventual large-scale social change.

- **Foster theory and practice for complex care alongside those building the field;** In addition to convening stakeholders, the Camden Coalition creates and uplifts knowledge about clinical interventions, interdisciplinary teaming and diversity, ways to effectively use data, and strategies for supporting policy change. We also support the practical application of this knowledge locally and across the nation through consulting, teaching, and capacity building.
- **Integrate data and information systems within and across sectors.** The Camden Coalition works to break down silos within the health care system and across sectors by sharing and analyzing data, quantitative and qualitative, within and across sectors. Integrating data highlights ways to improve upon our interventions and the complex systems (e.g., medical, behavioral and social services) with which our patients interact.

Below is a breakdown of the Camden Coalition’s work at the local, state, and national levels.

### ***1. Local Work***

At the local level, the Camden Coalition supports a variety of programs, primarily through the Camden Coalition Accountable Care Organization (ACO). The Camden Coalition operates one of three ACOs in New Jersey, serving approximately 37,000 patients. As an ACO, the Camden Coalition joins competing hospitals (Cooper, Lourdes, Virtua, and Kennedy), medical providers, social service, and behavioral health providers along with consumers and advocates to improve the delivery and coordination of care for Medicaid patients.

The Camden Coalition ACO work is guided by data that is established through the Camden Health Information Exchange (HIE), a collaborative data-sharing effort to improve care delivery by offering participating local and regional health care providers secure real-time access to shared medical information. For providers, having access to shared clinical information fosters improved care coordination and reduces unnecessary, costly duplication of services, as well as identify individuals eligible for enrollment in our complex care interventions. Camden HIE participants include hospitals, primary care practices, laboratory and radiology groups, social service organizations, correctional facilities, and other licensed health care facilities and providers.

Major initiatives include but are not limited to:

- *Care Management Initiative*, an intervention in which a multidisciplinary care team (comprised of nurses, social workers, and community health workers), provides a high-touch, intensive community based 30-90 day intervention for eligible patients, identified through the Camden HIE, as experiencing high-utilization of the health care system. The Camden Coalition is currently testing the effectiveness of the intervention in a randomized controlled trial, with results projected to be available in late 2018.
- *7-Day Pledge*, a citywide campaign to ensure all hospitalized patients in Camden meet with their primary care provider within seven to 14 days of hospital

discharge to reduce the risk of readmission to the hospital and other complications.<sup>3</sup>

- *Camden City's Housing First Pilot Program* is convened by the Camden Coalition and delivered through the work of local behavioral health and housing providers. The pilot has 50 Section 8 project based vouchers<sup>1</sup> to be used for individuals experiencing both high-utilization of the health care system as well as homelessness. **To date, the preliminary findings from Camden City's Housing First Pilot Program demonstrate a 60 percent reduction in unnecessary health care utilization per days at risk.**

## 2. State Work

The Camden Coalition works at the state level through the Good Care Collaborative (GCC). The GCC was launched in 2014 by the Camden Coalition to advance policy reforms to improve the quality of care and efficiency in the New Jersey Medicaid system. The GCC focuses on those individuals with complex health and social needs in Medicaid. Because barriers to care significantly impact individuals with complex health and social needs, the lessons learned by focusing on this cohort have wide application across various populations and payers.

The GCC membership includes over 25 stakeholders, whose range includes large hospital systems, patients and advocates, primary care and behavioral health providers, and faith-based communities. By working together, the GCC believes that New Jersey's Medicaid system can become the national model for delivering better care at lower costs to everyone, every day. Recent GCC advocacy wins include:

- Helped draft, support, and pass legislation to streamline the process for researchers to access integrated data to advance population health.
- Successfully advocated for New Jersey's contract with Managed Care Organizations (MCOs) to include language that requires MCOs to allocate ten percent of their care coordination activities specifically to community-based care coordination.
- Promoted education around Housing First with influential stakeholders, including the governor's office, legislative champions, and community organizations, all of whom have elevated Housing First on the state's policy agenda, as evidenced by the allocation of state funding to the program and the launch of the governor's statewide Housing First initiative.
- Launched a non-emergency medical transportation (NEMT) campaign to underscore the importance of NEMT especially for individuals with complex health and social needs. The campaign led to opening up the state's contract with transportation vendors to public comment and the state issuing a new contract that included GCC recommendations.

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<sup>1</sup> Project-based vouchers mean that a subsidy is tied to a physical housing unit, or "project." Project-based subsidies are not portable: they stay with the unit.

- Successfully advocated for state funding for New Jersey’s three community-based Accountable Care Organizations.

### ***3. National Work***

The Camden Coalition brings together diverse stakeholders to improve the well-being of individuals with complex health and social needs at the national level in service of eventual large-scale social change. Launched in 2016, the Camden Coalition was an integral part of the creation of the **National Center for Complex Health and Social Needs (National Center)**. The National Center’s goal is to develop a new health care field of complex care, bringing together clinicians, researchers, policymakers, and consumers who are developing, testing, and scaling new models of team-based, integrated care. The National Center and its team of program staff and model builders collaborate with other experts across the nation to develop best practices, create knowledge and curricula, inform policy and research, and mobilize an engaged community to develop this work and teach it to others. The National Center, supported in part by a membership model, hosts an annual conference, provides technical assistance, and serves as the home for various other initiatives.

## **IV. Position Papers**

The Camden Coalition and the GCC have compiled a series of position papers that describe recommended policy solutions to improve quality, outcomes, and efficiencies in the Medicaid system. By improving service delivery and outcomes for individuals with complex health and social needs we aim to improve the workings of the system for everyone. The next gubernatorial administration has an opportune moment to make considerable improvements to maximize finite funding and set a national example for the Medicaid program by strategically focusing health reform efforts on this population in the Medicaid system.

Each policy recommendation is based in evidence and implemented in local communities through a pilot project or seen in Medicaid waivers in New Jersey or across the country. The recommendations are designed to reduce costs and the use of redundant services, as well as improve the quality of health care delivered across New Jersey. The ultimate goal is to positively influence the health and well-being of our residents, especially those with complex health and social needs.

## Endnotes

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<sup>1</sup> Gross, K., Brenner, J.C., Truchil, A., Post, E.M., Riley, A.H. Building a Citywide, All-Payer Hospital Claims Database to Improve Health Care Delivery in a Low-Income, Urban Community. *Population Health Management*, 16 (sup. 1), S20-S25,

<sup>2</sup> Camden Coalition of Healthcare Providers. (2012). Retrieved from <https://www.camdenhealth.org/housing-first-pilot-program/>

<sup>3</sup> Jackson, C., Shahabebi, M., Wedlake, T., DuBard, C.A. Timeliness of outpatient follow-up: An evidence-based approach for planning after hospital discharge. *Annals of Family Medicine*, 13(2), 115-122.