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Medical plan aids patients, hospitals

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Between dealing with an estranged family and looking for a place to live, David Collins said it just never occurred to him to think about his health -- until his drinking problem began destroying his body.

This year, the 55-year-old homeless man landed in the hospital twice for a total of 43 days. Doctors diagnosed him with cirrhosis of the liver, cancer and complications from untreated diabetes.

Hospital staff describe patients like Collins as “super users” -- a loose term for those who show up in emergency rooms at astounding rates or spend weeks in expensive hospital care. They say many of these patients don’t have the means or wherewithal to visit a doctor regularly, so they turn to hospitals, which are required to treat anyone under federal law, when they get sick.



(DOUGLAS M. BOVITT/Courier-Post)

David Collins listens to a social worker during a consultation about his health care at Haddon Renaissance in Camden.

It’s a costly fallback. An emergency room visit starts around \$300. In Camden, 1,000 super users cost hospitals \$46 million from 2002 to 2007. Most of that was paid by government insurance and state charity care funds. These patients represented 1 percent of hospital users but accounted for 10 percent of total admissions and costs at Our Lady of Lourdes Medical Center, Virtua-West Jersey Outpatient Emergency Center and Cooper University Hospital.

Jeff Brenner, a Cooper family doctor and founder of the Camden Coalition of Health-care Providers, a consortium dedicated to improving health care across the city, wondered how much money hospitals -- and taxpayers -- would save if there were a better way to get patients the care they needed.

Backed with a three-year, \$300,000 grant from the Robert Wood Johnson Foundation and data from the hospitals, the coalition hired a community health aide, a social worker and a nurse practitioner to follow up with super users.

Over the past year, the trio has offered free in-home healthcare, social services and personal attention to about 60 patients.

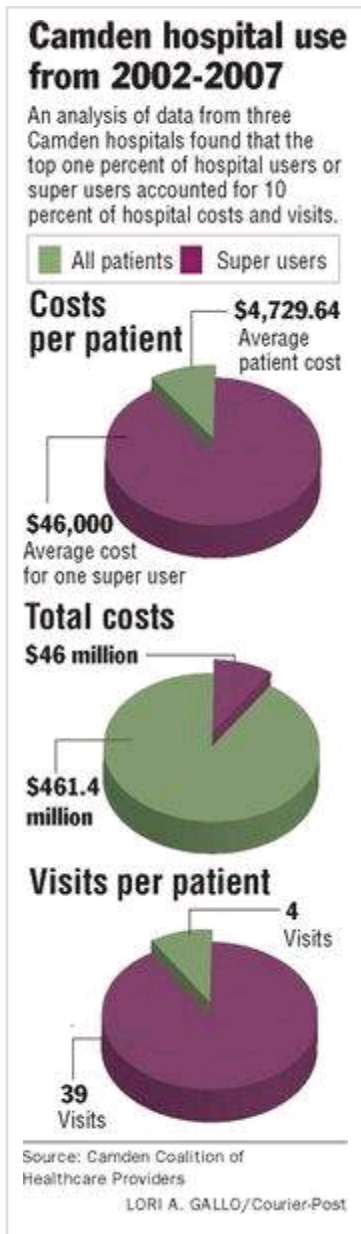
The pilot program finished its inaugural year just after tough economic times cut allocations for New Jersey’s charity care almost 10 percent, from \$718 million last year to \$649 million this year. Brenner is waiting for updated hospital billing data to see whether the team’s efforts have saved money, but he said he can already see the payoff in some of their patients.

“What’s cheaper: sending my community health worker out every day or having the EMS supervisor go out every day?” he asked. “These people are so expensive that if I change just a small handful of them I’ve saved hundreds of thousands of dollars.”

Collins credits the coalition for keeping him away from alcohol and out of the hospital since April. The trio signed him up for public health insurance, enrolled him in a day program, arranged doctor appointments and taught him how to monitor

his blood sugar. They call or visit at least once a week to see how he's doing.

"They did everything that I was either too lazy to do or not feeling well enough to do," Collins said. "Without them, I was going downhill fast. I'd be back in the hospital or dead."



The coalition heralded its program with a message to the hospitals: "Give us the worst of the worst."

According to the organization's data, many of the city's super users have serious social, mental or financial problems. Some have substance and alcohol abuse issues; others have chronic illnesses such as diabetes or congestive heart failure. Some live transient life styles, bouncing from the streets to shelters to the homes of friends and relatives. A few were literally using hospitals as a place to stay, hopping from one to another, said Lynne Chesshire, a case manager for Lourdes emergency room.

"They would blow their money on the streets and get admitted," she said.

Referrals in hand, the coalition trio started tracking down patients to find out about their lives and how they could help.

Of their 60 or so patients, 43 had previous hospital visits documented in the coalition's database. Collectively, they had racked up \$3 million in hospital costs during the five-year period. One had visited the emergency room 113 times in one year. Another had visited 324 times over five years.

Nurse practitioner Kathy Jackson handles the patient's medical needs. She can write prescriptions and conduct an exam on the street if necessary.

Community health aide Michelle Lamar is the micromanager, following up with patients to make sure they're doing what they're supposed to. She calls one woman three times a day to document her blood sugar and see if she's taking her insulin. Lamar, originally from Panama, also translates for Spanish-speaking patients.

Social worker Mae King is the coordinator. She knows what benefits are available and how to get patients enrolled.

On a recent day, the team exchanged notes before King and Jackson split off for home visits. After backtracking from a wrong turn, they arrived at Debbie Demby's apartment in Sicklerville.

Demby's an unusual case because she's one of the few clients who doesn't live in Camden and she's also not a super user -- yet. Her insurance company referred her to the coalition because she could easily become one if she doesn't get healthier soon. At an estimated 600 pounds, Demby is completely bed bound.

Demby, 55, said she'd always been overweight at around 350 pounds but it got out of control after she stopped working in 1995.

In February, a heart attack sent her to the hospital. When she came home a month later, she said she couldn't even sit up in bed.

Jackson said Demby needs to be mobile before it would be safe to consider a gastric bypass procedure. That would take major rehab, but therapists have said her size makes it too dangerous for them to treat her at home.

"I couldn't get no help nowhere," Demby said. "I couldn't even get transportation to a doctor. It was a trip." The coalition

team, she said, “they’re the only people who came out to see about me.”

Since Demby can’t get to a lab, Jackson draws blood while King dials a contact to ask about other rehab providers that might accept her.

“Maybe by Christmas, I’ll be moving, moving,” Demby said, dancing her arms in the air as the women wave goodbye.

After a quick lunch, the team heads to Haddon Renaissance Adult Day Center to see how Collins’ cancer treatments have been going.

Collins, an easy-going man with twinkling eyes, said he used to support himself doing carpentry work and driving a tractor-trailer. Then, he said, he ended up in jail for attempted burglary. Shortly after he got out in 2006, he said, he was hit by a bus and suffered head injuries.

“There was nowhere to go at that point,” he said. “I couldn’t work and I didn’t have anybody to take me in.”

He’s spent the past two years at the Alethea R. Wright Vision of Hope Human Service Center in South Camden. He told medical staff who visited the shelter about the pain in his side. They rushed him to the hospital, where ER workers connected him to the coalition.

King expedited Collins’ Social Security benefits because of his terminal illness, but finding him an apartment is taking longer.



(DOUGLAS M. BOVITT/Courier-Post)

Michelle Lamar (left) and Kathy Jackson of the Camden Coalition of Health Care Providers discuss their next visit to a patient.

Jackson asked Collins about his last doctor’s appointments and his feet, which had been sore from a chemotherapy medication.

“My hair’s coming up, I’m not too excited about that,” he told her.

Collins hugged both women before they left.

“I take all of their advice because they’re my godsend in life,” Collins said. “These guys right here saved my life.”

Patients who don’t like going to the hospital tend to do well on their own once they get help plugging into the right social services, the team said. Others require more continuous attention but their hospital use slowly starts dropping.

George DiMattesa, another patient who lives at the men’s shelter, said he was in the hospital two to three times a week earlier this year to treat cirrhosis of the liver and Hepatitis C. DiMattesa, 55, said he’s been making fewer trips since the coalition got him the medications he needed.

“I’m trying to do stuff to keep my mind occupied to not want a drink,” he said, nodding toward the mop he’d been using to clean the shelter hallway. “I ain’t used to sitting around.” Then there are patients they can’t seem to reach.

Sometimes, King said, patients want help but whoever they’re staying with refuses to let the team come in. Others can’t shake drug or alcohol addictions. One man in his 30s couldn’t stop using cocaine and died from a cardiac condition caused by the drug. Another man who’s been calling for an ambulance several times a day since August has refused to go to a nursing home because “he’s afraid that’s where people go to die,” Jackson said.

Then there are those they simply can’t find. The team searches for homeless and transient patients on the streets, under bridges and in the woods.

In some cases, King said, the only time they can see them is when a hospital worker calls to say they're back in the emergency room. Police found one man dying from pneumonia in the street the day after the women had gone looking for him. King said she tries to find places for her clients to live, but with more than 100 people on waiting lists for low-income housing it's not always possible.

"When you don't have stable housing how is anything else in your life going to be stable?" King asked.

Brenner said the health care system must do more to provide comprehensive, proactive care, or else super users will eventually overrun hospitals. Emergency rooms are already feeling squeezed. Cooper, which was built to handle 22,000 emergency room visits a year, has been getting 55,000.

While many hospitals have studied emergency room use, little research exists on how to reduce it. One study of a project that started nearly 20 years ago at San Francisco General Hospital found that case managers assigned to super users reduced hospital costs, helped relieve overcrowding and improved patients' health.

Project coordinator Kathy O'Brien said the concept has been slow to spread, but she's now starting to see other California hospitals experiment with similar programs. With insurance rates rising and "more people inevitably needing to rely on the emergency room," O'Brien said she wouldn't be surprised to see more hospitals around the country following suit.

Because the coalition's project encompasses an entire city instead of just one hospital, Brenner said it has the potential to shift Camden's health care system from fragmented "islands of care" to collaborative coordination across institutions. Already, the team has coordinated between other hospitals to track down missing documents so that a homeless patient's public insurance application won't be rejected, leaving him to lie in an expensive hospital bed for weeks.

The coalition has even paid to put up a homeless person for a few days until he can get to the Board of Social Services to apply for a housing voucher -- again, saving the cost of a hospital bed.

Chesshire, the case manager at Lourdes, told the success story of a 61-year-old man who spent 40 days in the hospital this May with Addison's disease, a rare endocrine disorder caused when the adrenal glands produce insufficient hormones. Chesshire said the man had been living in a tent behind a grocery store for four years after losing his home in a divorce. After working with the coalition, she said, he found a roommate in Fairview and began to put his life back together.

"He's like a changed person, he's so clean and neat now," she said. "It's hard and it's slow but I think it's working."

Just getting patients into programs where they get daily attention has helped, Brenner said. "Their (hospital) use starts to go down because they feel cared for, they feel loved," Brenner said. "The beautiful thing is that if we meet their needs it will actually cost us less. We're not talking about giving them less health care, we're talking about giving more compassion."

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