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Coalition helping patients

By *DEBORAH HIRSCH*
Courier-Post Staff

For the past year and a half, a coalition of Camden health care providers has kept tabs on the city's chronic hospital users in an effort to bring them better care and keep them out of costly emergency rooms.

A nurse practitioner, social worker and community health aide have followed up with 92 "super users" since the pilot program launched in September 2007, offering them free in-home health care, social services and personal attention.

Anecdotally, the project seemed to be working. The trio was able to get patients on insurance, set them up with proper medications and enroll them in nursing homes or day programs.

Now, they have statistical proof of their success.

Before participating in the program, 35 of the 92 patients were visiting local hospitals about 62 times a month for a total of \$1.2 million in hospital charges. Afterward, they made about 37 visits a month, nearly a 40 percent decrease. Their monthly hospital bills dropped by more than half to \$531,000.

The hospitals, which used to get about 7 cents back for every dollar of care provided to them, got 10.5 cents. The collections rate presumably went up because the team was able to get some of the patients on insurance.

Even though the data set is small and preliminary, Jeff Brenner, a Cooper University Hospital family doctor who founded the Camden Coalition of Healthcare Providers, said it will help him make the case for permanent funding to continue the project -- and possibly expand it elsewhere in New Jersey.

Brenner spearheaded the super user project after analyzing hospital billing data from 2002 to 2007. He discovered that the top 1 percent of hospital users accounted for 10 percent of all the charges. One patient had visited the emergency room 324 times over the five-year period.

A year into the project, Brenner was able to pull data from 35 of their patients who had previous hospital visits documented in the coalition's database. The results showed patients spent less time in the hospital, hospitals received more money for the care they provided and the state had fewer charity care receipts to pay, he said.

For Brenner, one of the project's best success stories comes from two patients who became roommates and now look out for each other's medical needs.

One patient, David Collins, 55, called the coalition team his inspiration to stop drinking. He met the team last spring after a pain in his side sent him to the hospital twice for a total of 43 days. Doctors diagnosed him with cirrhosis of the liver, cancer, glaucoma and other complications from untreated diabetes.

The team checked on him once every week or so to assess his condition, arranged appointments with specialists, expedited his Social Security benefits and enrolled him in a day program. He has returned to the hospital once for a couple of days.



“It just shows that when patients are empowered, when their needs are met, that they can make significant improvement and actually begin to take care of one another and not even need as much long-term intervention,” Brenner said. “Perhaps it’s the best fulfillment of being our brother’s keeper.”

About six months ago Collins was able to leave the Camden homeless shelter where he had lived for two years. Last fall, social worker Mae King saw a man renovating a home near the day program Collins attended and asked if he would accept Social Security checks to rent a room. Collins moved in soon after and contacted his son in Philadelphia, whom he hadn’t seen for several years.

“I didn’t want him to know that I was homeless,” Collins explained.

Emergency room doctors have also noticed patients like Collins are seldom around anymore.

With fewer super users to treat, Michael Chansky, chief of the Emergency Medicine Department at Cooper, said the emergency department has more beds available for emergencies and can function the way it’s supposed to.

Chansky said that Cooper has also reduced the number of hours ambulances were advised to divert emergencies elsewhere because the staff couldn’t handle more volume.

Cooper handled 56,000 emergency room visits last year, up from 51,000 in 2007.

“It helps us see more patients, reduce the number of people who leave without being seen, and has helped our volume grow without jeopardizing anyone’s care,” Chansky said. “It’s a tremendous return on investment for the state.”

Brenner said he’s been meeting with insurance providers, state officials and lawmakers to discuss potential expansions of the coalition program.

The concept has generated interest from health care professionals across the state who have watched charity care costs skyrocket.

Developing these types of programs will not only save money, but “it’s just good care,” said David Knowlton, president and CEO of the New Jersey Health Care Quality Institute. “It’s going to take work,” he said. But, “we’re very bullish on making this happen.”

Philip Bonaparte, chief medical officer for Horizon NJ Health, the insurance company’s Medicaid branch, said he contracted with Brenner to care for a subgroup of Camden patients. Bonaparte estimated Horizon, the state’s largest HMO, has about 20,000 Medicaid patients in Camden.

“To make an impact you have to go to where they are,” Bonaparte said. “It shows you care.”