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## Repeat 'super users' are swamping the ER

by **Carol Ann Campbell/The Star-Ledger**

Sunday July 13, 2008, 8:45 AM

Bean-thin and sallow, George tugged on a cigarette in the blistering parking lot of a Camden men's shelter. Standing on the pavement, his foot on a picnic bench, he recalled how he took his first drink at 13.

George, here talking to a social worker in Camden, is an emergency room "super user," having been admitted to ERs in the small city between 30 and 40 times in the past year.

The hard living shows in the lines of George's face -- and in his medical history. When he gets sick, which is often, the 55-year-old has no place to go except one of the city's emergency rooms.

George is a "super user," a new name coined to describe people who turn to the ER with astonishing frequency and at an astonishing cost to a health system under siege on all fronts.

George said he has been admitted to a Camden emergency room 30, maybe even 40, times in the past year alone; sometimes with crushing chest pains, other times from shortness of breath, or surging blood pressure. Mostly, he said, it's the pain from cirrhosis of his liver that sends him there.

"I don't like going to the hospital," said George, who allowed himself to be photographed but asked his last name not be published. "But sometimes I have no choice. I get pain I would not wish on an enemy."

Researchers studying the crisis of America's overcrowded emergency rooms are beginning to focus on this largely undocumented phenomenon, the super users who turn to hospital emergency rooms dozens, even hundreds, of times.

Researchers say a seemingly intractable problem could be solved, in large part, by focusing on just the top 1 percent of emergency room users, who in Camden alone cost \$46 million over five years.

A small city and the nation's poorest, Camden is shaping up as a laboratory to study ways to fix this costly national problem. The figure behind the effort is Jeffrey Brenner, a family doctor motivated to reduce costs, but also to improve health care for some of the city's most difficult to treat patients.

"No one benefits when people overuse the ER," said Brenner, one of Camden's few remaining family physicians. "Not the hospitals, not the taxpayers, and not the patients."



Noah Addis/The Star-Ledger

George, here talking to a social worker in Camden, is an emergency room "super user," having been admitted to ERs in the small city between 30 and 40 times in the past year.

Earlier this year, Brenner, a lanky physician with a beard and soft voice, began to document how Camden residents used emergency services. He obtained five years of ER and hospital records from the city's three hospitals: Our Lady of Lourdes Medical Center, Virtua Health Camden and Cooper University Hospital.

The resulting study yielded a surprising result: Between 2002 and 2007, about 1 percent of ER and hospital users accounted for about 10 percent of total admissions. Those 1,000 or so super users showed up at Camden hospitals more than 39,000 times over the five year period.

Some were off the charts. One Camden resident was admitted 113 times in one year, Brenner found. Another was admitted 324 times over the five-year period. The most expensive patient cost \$3.5 million over five years. Overall, the city's three hospitals were paid \$46 million to care for these top users, most of it from government insurance and New Jersey charity care.

As the data rolled in, Brenner looked at the money and shuddered. He reasoned that for the same money he could hire 50 doctors and provide a concierge level of medical care. Or he could hire 100 nurse practitioners who could provide one-on-one care for 10 patients each.

Emergency care, after all, was never created to provide long-term management of patients with chronic health and social problems.

"In order to start cracking this problem you have to start with the worst of the worst," said Brenner, a physician at Cooper and a professor at the University of Medicine and Dentistry of New Jersey -- Robert Wood Johnson Medical School.

## **WHO THEY ARE**

The top ER users in Camden are a diverse lot. Most are genuinely ill, according to the research. Some abuse drugs or alcohol, or have a psychiatric illness. They have blood disorders or diseases such as diabetes, congestive heart failure, emphysema and cancer. Many live on the streets or in homeless shelters, or they are in and out of the homes of relatives or friends. They frequently fall and hit their heads, get beaten up or hit by cars. Some do not speak English.

Few have the wherewithal to get to the pharmacist to fill prescriptions, or check their blood sugar or get transportation to follow up, say, with the specialist in Cherry Hill who the ER doctor told them to see.

Brenner sees revolving door emergency care -- derided by critics as the treat'em and street'em approach -- as costly and, worse, ineffective.

"The care is very, very expensive and the patients come over and over, not because they want to be here but because they have nowhere else to go," Brenner said.

He thought there had to be a better way.

So Brenner created a "medical home without walls." Backed with a \$300,000 grant from the Robert Wood Johnson Foundation and funding from other organizations, Brenner created the Camden Coalition of Health Care Providers, which includes a nurse practitioner, community health worker and a social worker.

The team goes to homes and shelters and, if necessary, to the streets to find people who bounce in and out of emergency rooms. The goal is to keep them well.

George, a lifelong Camden resident, signed up.

"I've been drinking since I'm 13. I wish I could take it back," he said. "But in the last two weeks I only had one beer. I am trying."

## **HITTING THE STREETS**

Kathy Jackson, a nurse practitioner, maneuvered the car through the streets of North Camden. Row homes decorated with flower boxes and curtains stood next to boarded-up houses in a checkerboard pattern.

Jackson, along with community health worker Michelle Lamar and social worker Mae King, were looking for a 77-year-old homeless man who lives in a bus terminal and gambles and drinks away his Social Security check. Sometimes he passes out and hits his head, or gets dizzy, and police bring him to the nearest hospital.

“He says, “This is my life. This is how I live,”” sighed Jackson.

Nonetheless, the team is trying to help him, but on this hot and hazy afternoon he was nowhere to be found near the bus terminal in downtown Camden.

Also on the agenda was a trip to see David Collins.

At night, Collins, 54, sleeps at the Alethea R. Wright Vision of Hope Human Service Center, a shelter for men. During the day, he visits a shelter in central Camden, where King saw him this recent afternoon. She gave him a hug, and he looked happy to see the team.

Jackson brought equipment to show Collins, a diabetic, how to measure his blood sugar. Collins has been in the hospital for many problems, such as pneumonia and complications from diabetes. He also has liver cancer that has spread to his lungs.

If his case is a tough one, Collins also shows how the team can make a difference. King is working on getting Collins an efficiency apartment so he will not spend his last days on the streets, and, it is hoped, not wind up back in the emergency room. Collins, meanwhile, said he has stopped drinking and feels better. He said he will make his doctor appointments.

“I’m looking after myself now,” he said, his eyes tearing. “I don’t want to go back to the hospital. I think it makes a difference when people show you that they really care.”

### **A PROGRAM SHOWS PROMISE**

The problem of super users is not confined to Camden, yet little research exists on the problem or possible solutions.

“This problem is everywhere, but studies are rare,” said Robert L. Okin, a professor of clinical psychiatry at the University of San Francisco.

Okin began an intervention program in San Francisco about a decade ago when he walked through the emergency department every day to get to his office. He noticed a lot of the same people in the waiting room.

His program, which also involves nurses, social workers and doctors, has helped more than 1,000 people get places to live, alcohol and drug rehabilitation or government assistance. Each dollar put into the program saved \$1.44 in hospital costs, according to a published study.

“That’s just the cost savings to the health care system,” he said. “But that’s the tip of the iceberg. There are all kinds of other cost savings, such as jail costs. Court costs.”

But will targeting super users solve the problem of overcrowded ERs?

“There is not one solution to overcrowding, but I think targeting this population will make a substantial difference,” said Okin.

Anything to alleviate overcrowding would be welcome in Camden. The emergency department at Cooper University Hospital, for instance, was built to handle 22,000 visits in a year.

“Last year we had 53,000 visits,” said Anthony Mazzarelli, assistant professor of emergency medicine at Robert Wood Johnson Medical School, and a doctor at Cooper.

He said emergency physicians knew some patients returned again and again, but even he was stunned when Brenner pulled the data together.

“The numbers were staggering,” said Mazzarelli, who added that the hospital now employs social workers in the emergency room.

“We used to think these social issues were not our problem. Now we know we have to deal with them,” he said.

Brenner’s program started nine months ago. No results have been published yet.

But Brenner said the dozens of people in the program already have substantially reduced their trips to the hospital. He said the potential savings to taxpayers could be substantial.

“The ER is like a bad habit,” Brenner said. “When you build relationships, and show people that you care about them and understand that they are not feeling well, then you can start to change behavior.”

## **TEAMWORK**

The team calls themselves The Three Musketeers.

King is a grandmotherly woman who knows her way around the state and federal bureaucracy. She helps sign eligible people up for public health insurance -- no small feat when many of her clients have no photo ID or birth certificates on hand.

With insurance, they can see a doctor instead of just showing up at a hospital.

Jackson can write prescriptions, and she can examine patients in a parking lot, a living room or on a street corner. Lamar, who was born in Panama, can translate and connect with many of the immigrants in Camden, where 40 percent of residents speak a language other than English.

Before ending their day, the team visited the home of Cecelia Valentine, a 45-year-old woman from Puerto Rico who speaks little English and who lives in a large home with other members of her family. A Virgin Mary sculpture is out on the lawn; photos of children decorate the walls inside.

Valentine has diabetes and she is just learning to control it. A foot wound recently sent her to the hospital. On this afternoon, as a telenovela played on the television, she pulled off her sock and showed Jackson an infected wound on her toe. She said she stepped on glass.

Jackson explained, as Lamar translated, that uncontrolled diabetes can complicate foot wounds. Valentine still insisted the wound was caused by glass. Jackson again tried to convince her that controlling her diabetes would help her overall health, including wounds to her feet.

Jackson asked if she was out of glucose monitoring strips, or if she needed any refills of her medication. The team also went over her transportation to her next appointment with the doctor.

Valentine, who has been very diligent with her appointments, thanked the team before they left. There were more hugs. Then the three women headed back to their car, feeling very good about Valentine. They think she knows what to do the next time she gets sick.

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