When CCHP came in, everything changed.

With his wide smile, resting in his brightly lit apartment amid the unmistakable scent of new paint, it’s obvious that 49-year-old Roger has made a fresh start.

When CCHP observed on his behavior last October, however, Roger had decidedly less reason to be cheerful. We reached him at bedtime during a hospitalization in just six months, when we learned that he was fighting back from a bladder infection, liver diseases, anemia, dental issues, and knee surgeries, not to mention anxiety and society-induced insomnia—complicating factors made worse by daily concern about his housing security.

“He was staying in a relative’s couch at the time we enrolled him. Roger was isolated, depressed, had a lot of anxiety, and had trouble sleeping. He was definitely motivated, though, and ready to make a change,” says Jason Turi, Program Manager at CCHP.

Despite these challenges, Roger was not without self-drive. The former business owner was very involved in his kids’ lives, and he was President of the Camden dominoes club. His resilience, though, was serious enough to constantly threaten the fragile social stability he had created.

In addition to enrolling him to appointments with his various specialists, CCHP took the issue of his housing situation seriously.

“We worked through Volunteers of America to obtain a new housing voucher and emergency funding for shelter,” says Turi. “In addition, the Camden Coalition and a local lawyer also provided legal assistance.”

“We also helped him apply for utility assistance to help when he has a permanent housing agency on hand, but in cases where a patient’s living arrangements present an obstacle to their health—as was the case with Roger—we can intervene in order to stabilize the situation.”

Today, Roger lives up a flight of stairs in a tidy second-floor apartment in a clean, quiet neighborhood.

“Last summer was a different time, the hottest time of the year. I was in severe pain in the hospital than outside. Then one day, I was in the hospital and they said Jason was there to see me. I said I didn’t know a Jason.”

Jason, would soon learn, was CCHP Clinical Manager Jason Turi.

“Audrey, Brian, Carol, Jason, the new nurses, Ellis, Jessica, Bill—they’re all wonderful people. They make sure I’m taking all of my medicines, and they were always there to help with my appointments.”

Gazing around his new home, Roger shakes his head. “Before I was here, I was always rushing to get here. As if my life was in fast-forward. When they [CCHP] came in, everything changed. It was fast. In two weeks I got a call that I had an apartment. I was like, little kids.”

Roger graduated from the Coalition on December 6, and is nothing but optimistic about his future.

“My life is better,” he says. “Your take care of my appointments. They showed me that other things are important—like my five daughters and seven grandchildren. They showed me there are still people who love me.”

“From those dark days, I’ve never looked back. I know that I’m going forward. I keep living my life. I learned that from them.”
Our History

CCHP began in 2002 as an idea in need of a concrete model. Initially, we existed as an outreach agency hoping to sustain primary care in the city of Camden by enabling effective coordination of existing resources.

We knew from the beginning that innovative data analysis would be an important part of our operating model, but we quickly realized that the collection of data was necessary but insufficient to affect the sweeping change we envisioned.

With early funding support from the Robert Wood Johnson Foundation, CCHP began looking beyond primary care practice to create long-term impact. We convened resources between the city’s three hospitals, various public health and social service agencies, and the spectrum of primary care and specialists practices. The purpose of this coalition-building effort was to connect players within the healthcare system and improve our function.

As our understanding deepened, we realized the critical nature of the social factors that can influence patient wellness and recovery. The scope of care that could be provided in our model was vast and varied, and we spent much of 2006 and 2007 evaluating those needs and assessing resource availability. Ultimately, our data analysis capabilities enabled us to make the conceptual link between complicating social factors and healthcare utilization costs.

With further funding from the Robert Wood Johnson Foundation in 2007, CCHP began reaching out directly to high-utilizing patients to connect them to consistent medical care. Within this scope, we included partnerships with housing agencies, homeless shelters, nutrition programs, behavioral health organizations, and other critical social services that serve our area.

We incorporated the need for a clinical redesign and outreach effort in 2009. At the practice level, this detailed analysis continued. This effort became patient-level engagement in 2010. Today our experience in enabling CCHP to pursue our vision through legislative improvement impact care at the most fundamental, comprehensive level.

Our growth has been swift, with an expanding program scope, increased funding, rapid job additions (25 new employees in 2012), as well as attention in the national media. Being thrust onto the national stage has forced us to better conceptualize our work and crystallize our vision.

Put simply, change at this level challenges the broken, but deeply entrenched status quo. To pursue the Triple Aim, the Camden Coalition of Healthcare Providers has taken the lead. We see a transformative model of care, the Camden Citywide Diabetes Collaborative.

When CCHP came in, everything changed.

The HIE's web-based technology offers Camden city and regional healthcare providers the timely and accurate exchange of information. Its health information exchange (HIE) connects care teams from across multiple providers and geographic locations in real-time.

By leveraging this technology, CCHP was able to gain access to patient data and work with providers to better understand the needs of their patients. This led to a more coordinated and efficient approach to patient care.

The HIE is a crucial component of the Camden Citywide Diabetes Collaborative. By providing real-time access to patient data, it enables care teams to make informed decisions about patient care and intervene early to prevent complications and improve outcomes.

Our Vision: To be the first city in the country to bend the cost curve while improving quality of care

CCHP seeks nothing less than the reinvention of healthcare for the residents of Camden.

Financial claim data indicates—or our historical trend analysis confirms—that costs are concentrated in a disproportionately small number of patients. These “Superutilizers” represent just 1% of the patients in Camden (approximately 1,000 individuals), yet they account for more than 30% of healthcare spending.\n
Our decision to intervene on behalf of these patients is rooted in a drive to mitigate costs and deliver a higher level of care.

Who We Are

Our Mission: To improve the quality, capacity, and accessibility of the healthcare system for all Camden residents.

Our Vision: To be the first city in the country to bend the cost curve while improving quality of care

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What We Do

CCHP enables communication, provides compassionate, patient-centered care to the most vulnerable among us, and facilitates discussion and strategy design among patients, healthcare practitioners, and service providers.

In practical terms, CCHP coordinates community-based care for complex patients. We pursue clinic-centered workflow transformation, and we work with practitioners to pioneer patient group visits, patient/provider outreach, and education.
Today, Rogers lives a life of stability and regularity. He no longer experiences the intense anxiety and depression that plagued him in the past. He has a regular diet, and his blood pressure, cholesterol, and blood sugar levels are all within normal ranges. He is able to maintain a regular schedule and enjoy his hobbies without fear of hospitalization.

Rogers' story is a testament to the impact of CCHP's interventions. The organization's commitment to providing comprehensive care that addresses the social and emotional needs of patients is evident in Rogers' transformation. CCHP has developed innovative strategies to improve the health delivery system, and their work is making a real difference in the lives of patients like Rogers.
Today, Rogers lives a life of stability free from the hospital’s emergency room. In his words, “I never made it past the door; physicians and nurses would say ‘not today’.”

“What happened that day?” I asked.

“Something went wrong during surgery,” Rogers explained. “I woke up in the ER with a ton of tubes and wires attached to me. The accident left me with serious organ damage, including liver and spleen injuries. It was a life-changing experience.”

Rogers has learned to dissect and use healthcare information as actionable intelligence. He now volunteers with Camden’s community health centers, where he uses his expertise to help others navigate the healthcare system. He has become a beacon of hope and resilience for his fellow community members, and his story serves as an inspiration for others to overcome adversity and strive for a better future.

As Rogers recounts his journey, it becomes clear that his transformation wasn’t just about personal health. It was about rebuilding trust in healthcare systems and demonstrating the power of community-based care. His story is a testament to the importance of healthcare providers engaging with patients in meaningful ways and working towards a shared vision of health and well-being.
It’s dramatically changing the way we treat patients…

Amit Bhalodia, DO, Medical Director at the Virtua Camden Family Health Center, is one of CCHP’s key physician-partners and an ally in our clinical redesign efforts. As part of our integrated Diabetes Care (IDC) project, Dr. Bhalodia’s work is partially supported by funding from the Merck Company Foundation’s Alliance to Reduce Disparities in Diabetes, as well as the Bristol-Myers Squibb Foundation’s Together on Diabetes Initiative. These grants are primarily aimed at adding staff to implement programs and recommendations made by CCHP to improve care at the patient, provider and community systems levels.

As part of a multi-provider practice with two full-time physicians, Dr. Bhalodia was selected following CCHP’s formal request for proposals, and the project kicked off in early 2012.

CCHP staffers Andrew Katz, (a Program Assistant and former health coach), and Victoria Delfiglio, (a Nurse Care Manager) are embedded at Virtua, as are an LPN and two health coaches. This step is necessary short-term, as much of our change management process entails tasks that are not compensated under current insurance standards. By providing grant-funded staffing support to carry out these tasks, we are better able to ramp up our work and institute change in a more sustainable way.

With our clinical redesign projects, Simultaneously, we are working to enact legislation to make these changes tangible, physician coordination that is directly beneficial to the patient will become a reimbursable procedure, guaranteeing sustainability for our clinical redesign.

The new approach is based on an innovative group-treatment methodology for patients with diabetes; Dr. Bhalodia is tasked with the frontline responsibility of developing and implementing these changes to a long-entrenched healthcare system.

“It’s a whole new concept,” he says. “I fear that my patients have done group visits, and I try to involve them in the meetings so we can benefit from their experience.

“We’ve never worked on an agenda like this, but I believe the time has come,” he continues. Camden has always had a high incidence of diabetes, and seeing obesity—which is a contributing factor to diabetes—on the rise as well.

With new treatment methodologies, though, come new opportunities.

“It is dramatically changing the way we treat patients with diabetes,”

Dr. Bhalodia says. “The concept of group visits empowers patients to manage their diabetes in new ways. We’re treating the patient, and they’re getting active and involved in their healthcare. Ultimately, this will help improve their diabetes and glucose control; that will improve their overall health and lead them to realize more healthy outcomes.”

A conceptual shift such as this requires ongoing collaboration and long-term vision. This team has nearly one year as a five-year engagement, and although the benefits are beginning to materialize, there is still a long way to go.

“We knew it would take time to see the kinds of change that we’re making at the practice, and we’ve been making good progress,” says Katz. “The first step is getting incorporated into the culture and gaining trust of the providers and staff: that’s one of the first barriers, and we’ve passed that. Once the trust is there, we can focus on fixing the problems at hand. Eventually, this team won’t be on site here every day. We need to educate and enable their staff to do this on an ongoing basis.”

“The team from Camden Coalition is instrumental in the whole project,” Dr. Bhalodia says. “It takes a lot of manpower and coordination, and I look to them for their experience working with other healthcare entities.”

The Camden Coalition of Healthcare Providers Statement of Revenues and Expenditures For 2012

**Revenues: $3,046,962**

**Expenditures: $2,953,996**

**Net Income: $92,966**

**Endowment: $250,000**

**Total Assets: $350,000**

The statement is available at www.camdencoalition.org.

Funding & Financials

Grant Funders (2012)

- The Robert Wood Johnson Foundation
- The Bristol-Myers Squibb Foundation
- The Merck Company Foundation
- The Robert Wood Johnson Foundation
- Project H.O.P.E.

Our Board

- Frank Coletta, Chairman of the Board
- Robert Wood Johnson Foundation
- The Merck Company Foundation
- St. Luke’s Catholic Medical Services
- Virtua Health System
- Cooper University Hospital
- Camden Churches Organized for People (CCOP)
- Fair Share Housing
- Volunteers of America, Delaware Valley
- AARP*
- The Camden Church’s Foundation
- Camden AHEC
- River Road Primary Care
- Virtua Health Camden
- Project H.O.P.E.
- Abigail House for Nursing and Rehabilitation
- Camden AHEC
- Cooper Health System
- Cooper Health System
- Virtua Health System
- Project H.O.P.E.
- Abigail House for Nursing and Rehabilitation
- Camden AHEC