

# WebEx Instructions

**1**

Your name

Your email address (Optional)

Join Meeting

More ways to join

**2**

Connect to Audio

More Options

**Audio Connection**

Call Me  
The meeting will call you.

I Will Call In

Call Using Computer  
[Change settings](#)

**3**

**Audio Connection**

1. Call  
1-877-668-4493 (Call-in toll-free number (US/Canada))  
1-650-479-3208 (Call-in toll number (US/Canada))  
[All global call-in numbers](#)

2. Enter this access code:  
#

3. Enter your Attendee ID:  
#

1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

## Ask questions in two ways:

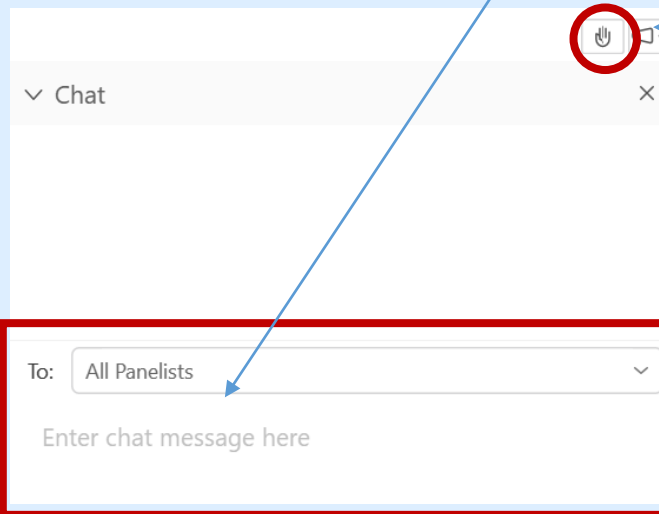
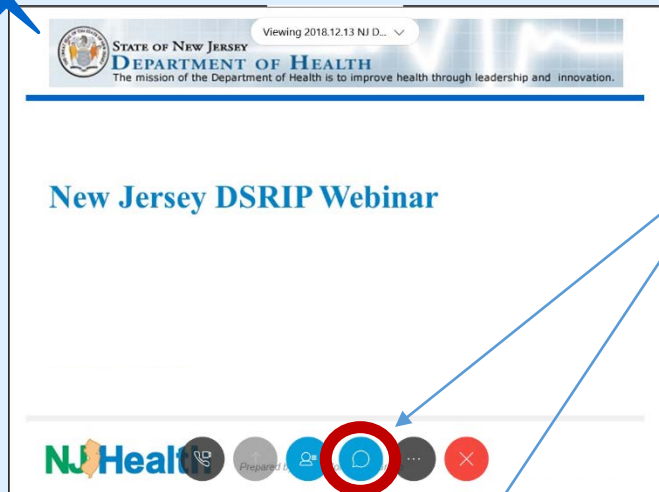
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Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



*Prepared by Public Consulting Group*

Email [njdsrip@pcgus.com](mailto:njdsrip@pcgus.com) with any additional questions.



## Warm Up Poll

Which fall activity do you enjoy the most?

Winner!

- a. Watching football
- b. Leaf peeping
- c. Apple picking
- d. Hayrides & corn mazes
- e. Making pumpkin flavored food & drinks





STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

# NJ DSRIP September 2019 Webinar

September 19, 2019

## Today's Speakers:

Meghan Cox, PCG

Jeneen Skinner, LPN,  
Camden Coalition

## Office of Healthcare Financing

Robin Ford, MS  
Executive Director

Michael D. Conca, MSPH  
Health Care Consultant

Alison Shippy, MPH



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# Today's Objectives

**By the end of today's webinar, participants should be able to:**

- Know how to successfully complete and submit the DY8 SA1 Progress Reports
- Understand the use and value of the Camden Coalition Core Model
- Recognize different strategies used to improve hospital ED rates and other performance measures

# Agenda

1. DY8 SA1 Progress Report Updates
2. Camden Coalition Presentation
3. Q&A

# DY8 SA1 Progress Report

Materials Now Available!

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## *Requirements*

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- DY8 SA1 Progress Report Materials are now posted on the NJ DSRIP [Participants](#) webpage.
- Hospitals are required to complete the Progress Report Template and Progress Report Budget Template. Please review the Progress Report Guidance Document prior to completing these templates.
- DY8 SA1 Progress Reports are due from hospitals on **October 31<sup>st</sup>, 2019**.
- Hospitals are required to submit all completed templates and supporting documentation to the hospital inbound folder of the NJ [SFTP](#).



# DY8 SA1 Progress Report Updates

Question	DY8 SA1 Updates
1: Project Goals	Hospitals are required to report on specific project goals.
2: Patient Enrollment	Hospitals that do not have patients enrolled in their project must provide a detailed explanation that includes efforts to recruit patients.
5: RCE/PDSA	Hospitals must include one example of a PDSA/RCE completed during DY8 SA1 with specific steps listed.
7: DSRIP Funds	If your hospital has a reporting partner, state whether you share DSRIP funds with the partner. If your hospital does not have a reporting partner, please state this in your response.
8: Budget	Hospitals are no longer required to submit their DY8 Annual Budget or YTD budget for DY8 SA1.

# Strategies to Address DSRIP #8

## & Other Performance Measures

# Strategies to Address DSRIP #8

<i>Webinar</i>	<b>August Webinar</b>	<b>September Webinar</b>
<i>DSRIP Measure</i>	<i>DSRIP #8: Ambulatory Care - Emergency Room Visits</i>	
<i>Presenter</i>	RWJ University Hospital	Camden Coalition
<i>Project</i>	Social Healthcare Integration	Core Care Management Model
<i>Goals</i>	“Resolve the health related social needs of housing and food insecurities; and to connect the patients with needed services for other health related social needs” <sup>1</sup>	“Empower patients with the skills and support they need to avoid preventable hospital use and improve their wellbeing.” <sup>2</sup>
<i>Outcomes</i>	Reduced ED utilization, strong partnerships, and connection to social services	To be presented

<sup>1</sup>[https://dsrip.nj.gov/Documents/NJ%20DSRIP%20August%202019%20Webinar\\_08132019%20-%20for%20posting.pdf](https://dsrip.nj.gov/Documents/NJ%20DSRIP%20August%202019%20Webinar_08132019%20-%20for%20posting.pdf)

<sup>2</sup><https://www.camdenhealth.org/care-interventions/camden-core-model/>

# Camden Coalition Presentation

## The Camden Core Model

**Jeneen Skinner, LPN**  
Senior Clinical Manager  
Care Management Initiatives



# The Camden Core Model

September 19, 2019



**Camden Coalition**  
of Healthcare Providers

**Our Vision & Mission** describe our goal of a transformed healthcare system rooted in Camden and spreading across the country.



## ***VISION***

A transformed healthcare system that ensures every individual receives whole-person care rooted in authentic healing relationships.

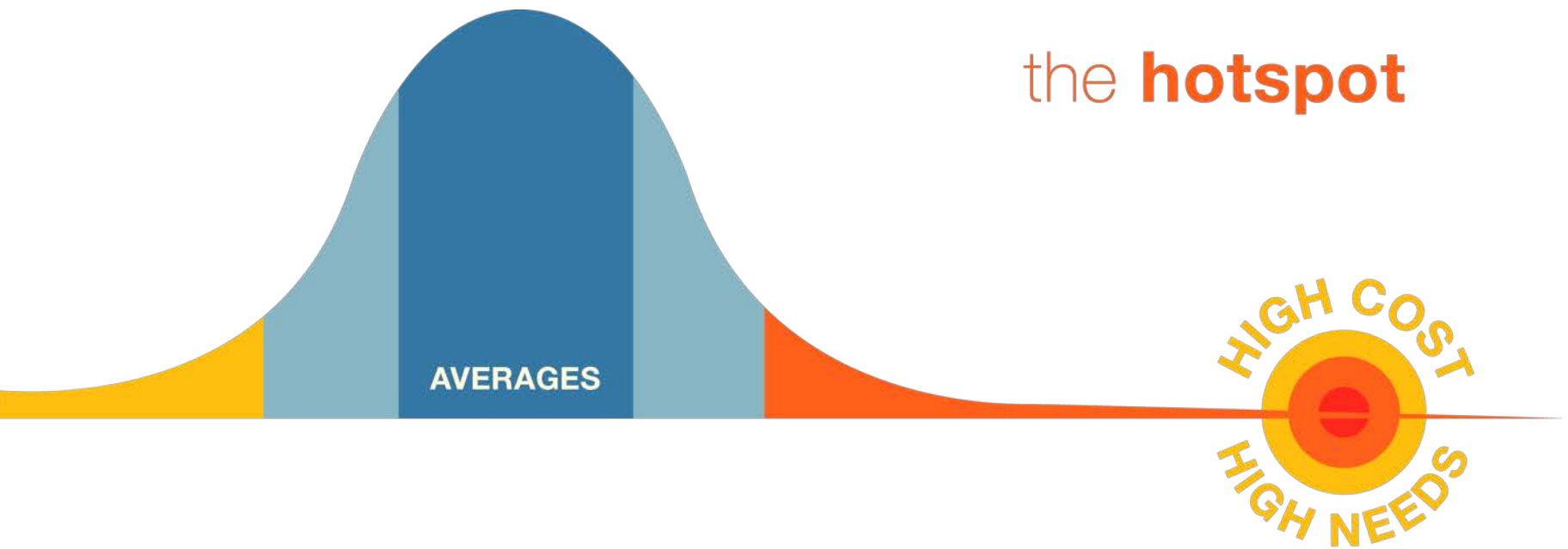


## ***MISSION***

Spark a field and movement that unites communities of caregivers in Camden and across the nation to improve the wellbeing of individuals with complex health and social needs.



In Camden & across the country a small number of outlier individuals account for a disproportionate amount of healthcare costs & utilization.



- **Healthcare hotspotting** is the strategic use of data to target evidence-based services to complex patients with high utilization.
- These patients are experiencing a mismatch between their needs and the services available.



Camden Coalition works to improve the health & well-being of individuals with complex health & social needs in the Camden region.



**Camden Core Model**



**Connection to Primary Care**



**Housing First**



**Reentry Program**



**Maternal Health**



**Addiction Treatment**



**Medical-Legal Partnership**

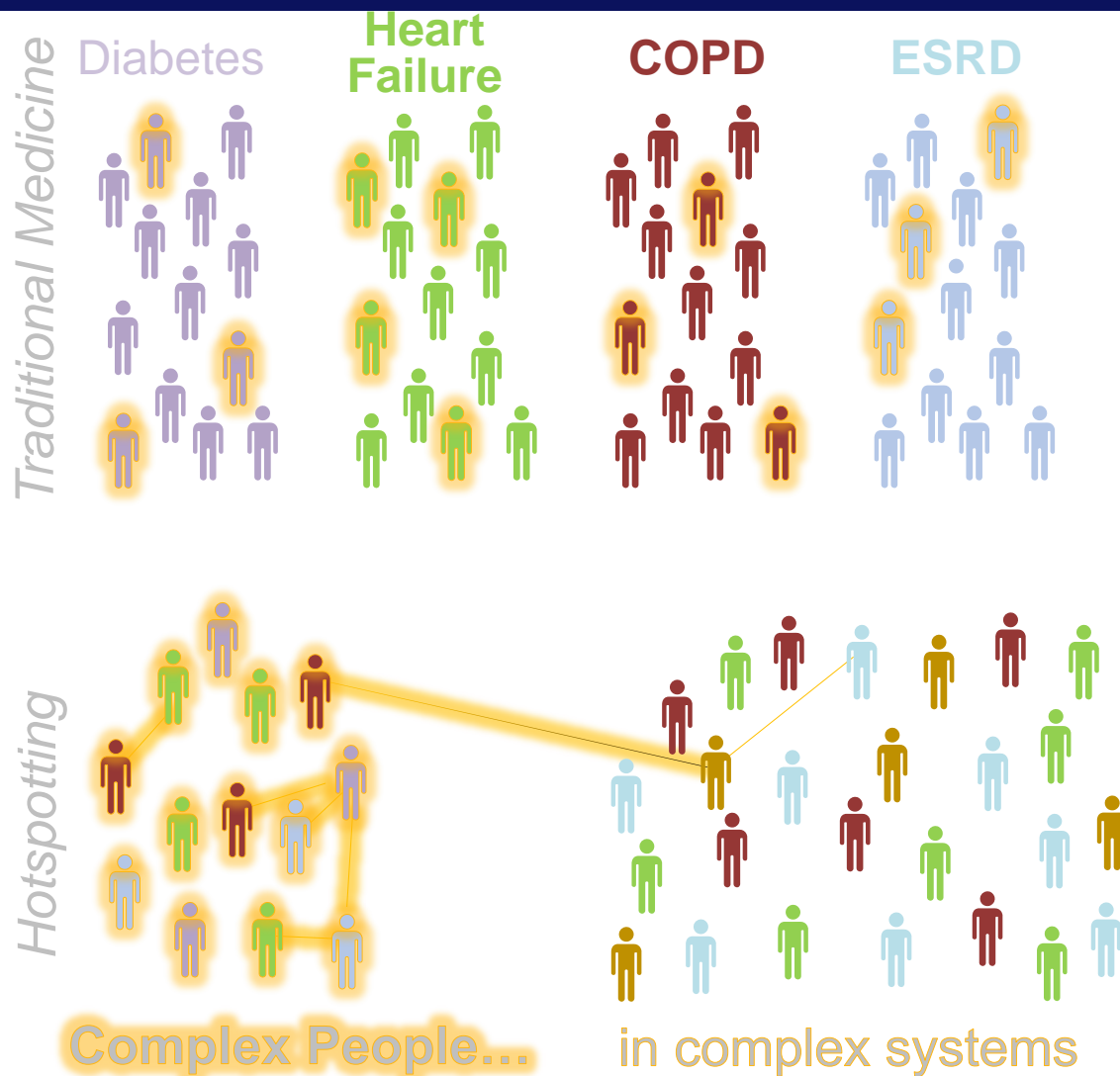




# Camden Core Model



At the Camden Coalition, our local patient-facing interventions use healthcare hotspotting to target the most complex individuals.



We use a social complexity and medical complexity spectrum to identify patients' needs.

SOCIAL COMPLEXITY



MEDICAL COMPLEXITY



Hiring the right people & a commitment to self- & team-care is essential to the success of our model.



## ***CARE TEAM STRUCTURE & PHILOSOPHY***

**The Camden Core Model** is our primary form of intervention. There are key aspects of this model that facilitate its applicability across specialized patient populations.



- Triage
- Bedside engagement and care planning
- Home visits & medicine reconciliation
- Accompaniment to primary care and specialist visits within 7days of hospital discharge
- Real-time feedback loops
- Graduation



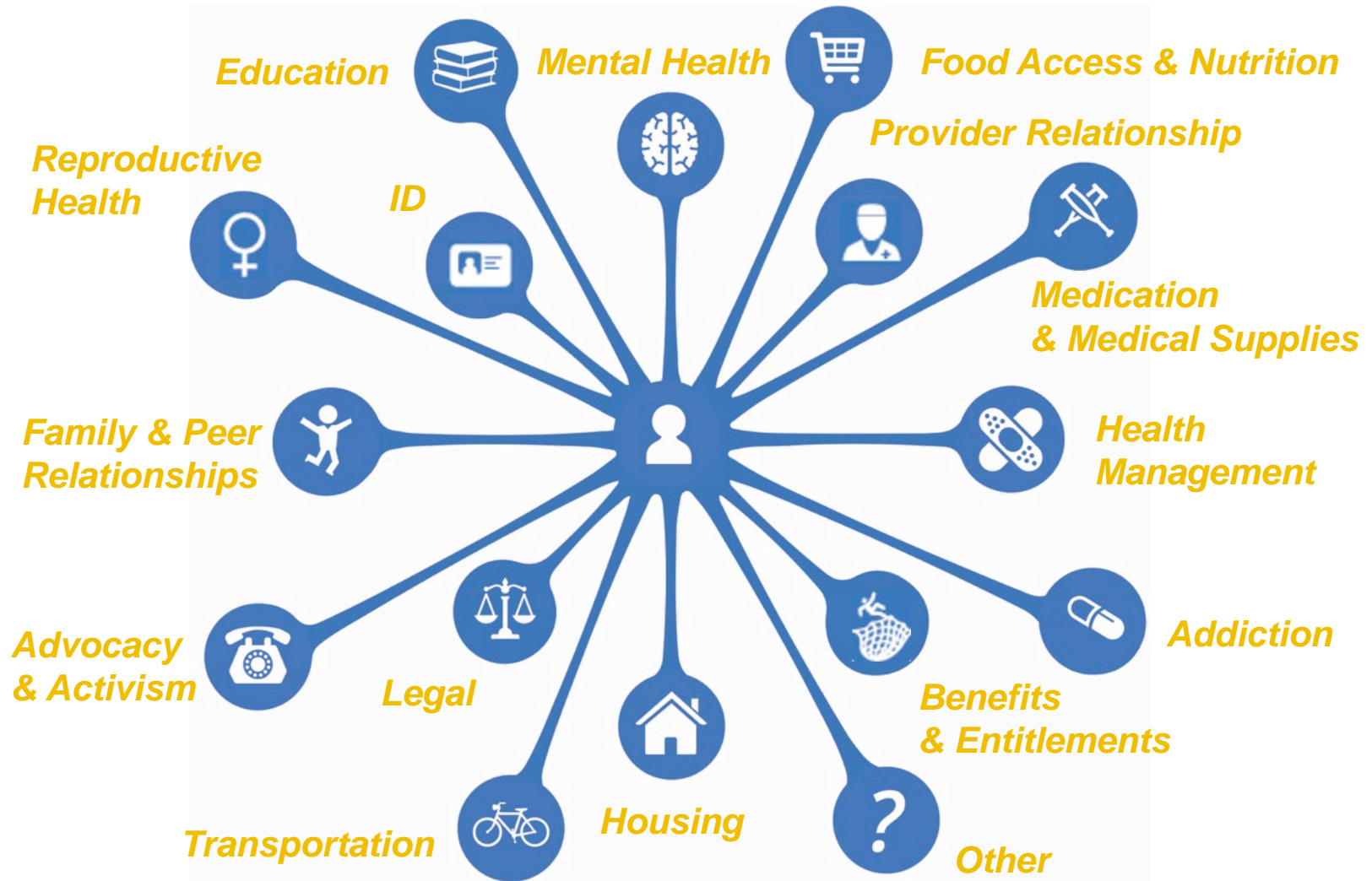


Once an individual is identified, our care team goes to the hospital to engage with them at bedside to assess interest in enrolling in our program.


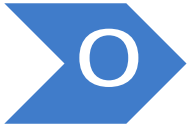





## ***BEDSIDE ENGAGEMENT***

We use sixteen domains to engage individuals in bedside care planning. **Most of them are non-medical.**



We use the **COACH Model** & our tenets of care to build authentic healing relationships, work with patients toward sustained behavior change & track progress on their goals.

-  Connect tasks with vision and priorities
-  Observe the normal routine
-  Assume a coaching style
-  Create a backwards plan
-  Highlight progress with data

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## Our Tenets of Care

- Motivational interviewing
- Trauma-informed care
- Authentic healing relationships
- Accompaniment
- Harm reduction
- Patient-centered
- Strength-based





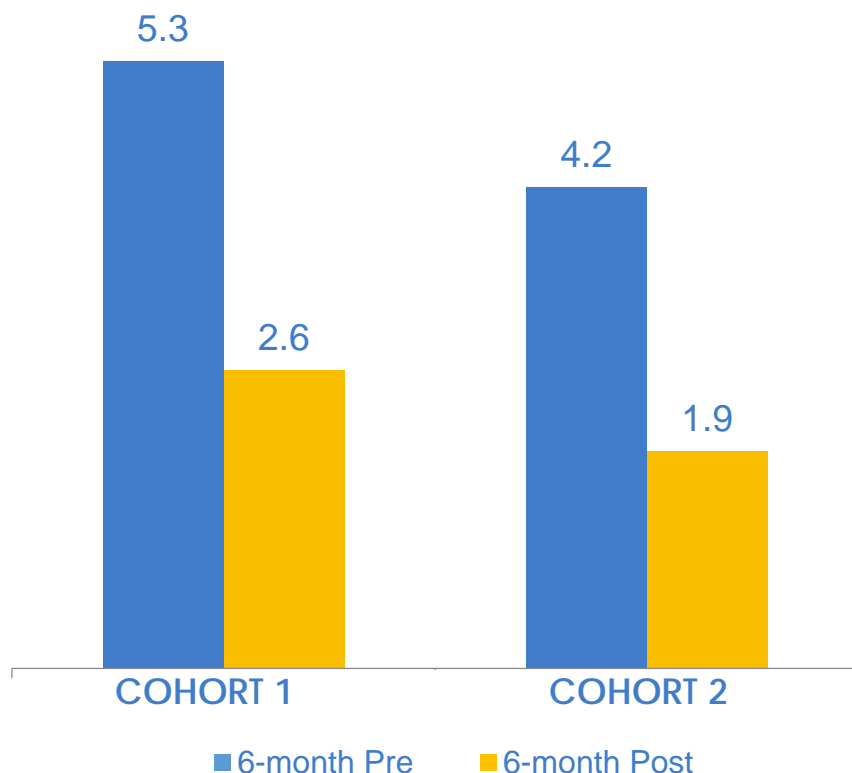
After discharge, our care team meets patients in their homes (within 3 days) & accompanies them to primary care visits (within 7 days).



***HOME VISITS  
MEETING PATIENTS WHERE THEY ARE***

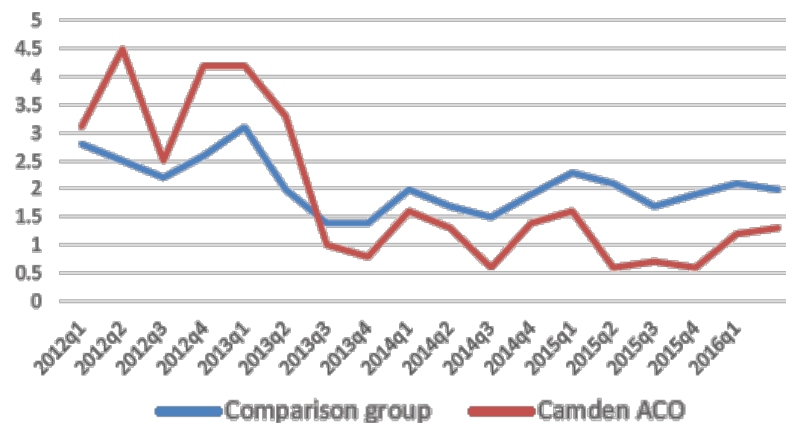
Once enrolled in our core model, different patient cohorts have reduced both emergency and inpatient use of the hospital.

Reduced Emergency Department Utilization  
for Horizon and United Patients



Reduced Inpatient Utilization

United: Camden ACO vs Comparison Group,  
Preventable INP Admissions per 1,000 Enrollees



Internal data from 179 Horizon and 67 United patients. Pre/post analyses cannot eliminate "regression to the mean" and therefore cannot attribute cause



# How to Get Involved in the Camden Coalition

## Follow us on social media

- **Twitter:** @camdenhealth
- **Facebook:** Facebook.com/camdencoalition
- **LinkedIn:** Camden Coalition of Healthcare Providers

## Join our mailing lists

- Camden Coalition
- National Center

## Attend our conference

- Putting Care at the Center, Nov. 13-15, Memphis, TN
- More info at [www.centering.care](http://www.centering.care)







***THANK YOU***



Camden Coalition



# Q & A

## Ask questions in two ways:

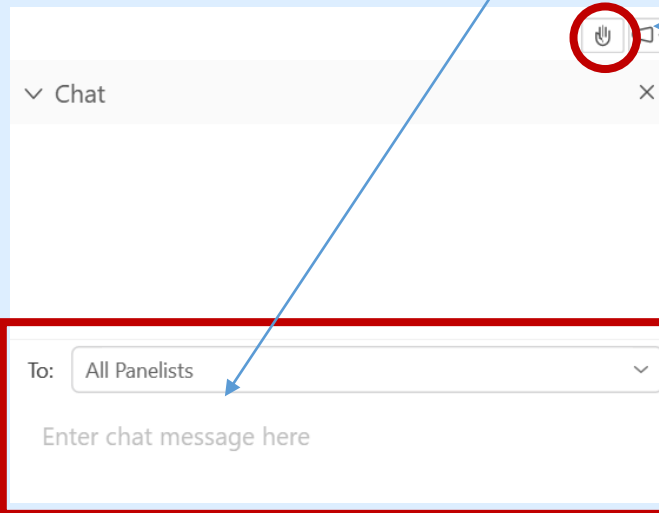
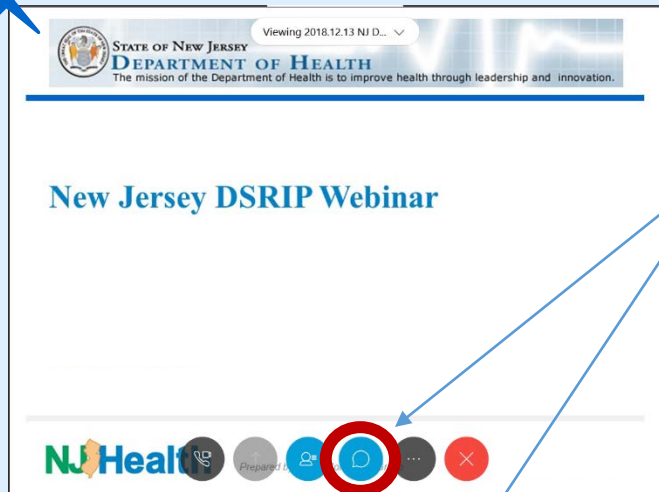
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- **Please answer the following evaluation questions**
  1. How would you rate this activity?  
5 = Excellent; 1 = Very Poor
  2. Did you feel that this webinar's objectives were met?
    - Know how to successfully complete and submit the DY8 SA1 Progress Reports
    - Understand the use and value of the Camden Coalition Core Model
    - Recognize different strategies used to improve hospital ED rates and other performance measures
  3. Please provide suggestions on how to improve this educational session.