

NJ DSRIP September Webinar Q&A Transcript

September 19, 2019

Please submit any additional or clarifying questions to njdsrip@pcgus.com.

Question	Answer
Presentation: Camden Coalition	
Where does the Camden Coalition get its funding? Do you know how other cities can get the same type of funding?	The Coalition's funding is mixed grant, state, and federal funding. The Coalition receives project-specific funding from various sources. For example, under the NJ Medicaid Accountable Care Organization Demonstration project, the Coalition received \$1M from the state and The Nicholson Foundation supports our Camden Delivers Program.
Does the Camden Coalition still use ArcGIS for hotspotting?	The Coalition's triage process relies on the Camden HIE (run by the Coalition) which utilizes the CareEvolution platform. We pull hospital records daily to identify individuals with frequent hospital utilization who may be eligible for our programs (including Camden Delivers and Housing First).
Do you have patient cases where after program graduation patients face further significant needs?	Occasionally, yes. In those instances, the Coalition has re-engaged those patients or have connected them to organizations that can provide a higher level of care than the Coalition could (such as hospice, palliative care, etc.)
How do you build continuous buy-in and engagement from your stakeholders?	The Coalition has monthly care management meetings to discuss services offered and present patient cases. There are also monthly meetings of the community advisory council which includes community members and patients that have graduated the program. Different organizations from the community also attend and present the work that they do. In addition, the Coalition hosts open houses quarterly and meets monthly with practices in the city to ensure that collaboration is happening in real time.
Do you provide patient incentives?	The Coalition does not provide patient incentives. However, if a patient does not have transportation to their first appointment, the Coalition will provide a taxi voucher.
Does the Coalition provide participants with hypertension or congestive heart failure (CHF) with any tools to address those conditions?	The Coalition has created a CHF/hypertension protocol. Once someone with a CHF or hypertension diagnosis is identified, the Coalition has them review the protocol to recognize signs

	<p>and symptoms of CHF and what to do if they recognize those symptoms in themselves or others. The Coalition also informs these participants' providers of their intervention. Finally, the Coalition ensures that all CHF/hypertension patients have scales to check for unexpected weight gain (common sign of CHF) or blood pressure monitoring machines (for hypertensive patients).</p>
<p>Does the Coalition use any specific criteria to determine who will receive the blood pressure monitoring machines?</p>	<p>The Coalition does not have blood pressure monitoring machines on hand, so most interventions only encourage usage of the CHF/hypertension protocol as it is not always possible to distribute scales and blood pressure monitoring machines. One criterion that is frequently used is checking if the patient is taking multiple hypertension medications.</p>
<p>Have you had undocumented patients with frequent ED visits? Do you have resources for these patients?</p>	<p>At this time, our Core Model does not target undocumented individuals, but we have engaged undocumented individuals in the past. We support increasing access to care for all people, and support organizations who are better equipped to navigate the unique needs of undocumented people.</p>
<p>What is your approximate patient volume per year?</p>	<p>The Camden Core Model targets individuals with high ED use and significant health and social need. The following annual numbers represent enrollment exclusively in our Core Model and do not reflect enrollment in our Housing First, Camden Delivers, or other programs which have been growing in recent years and provide care management to individuals that qualify more specifically for those services:</p> <ul style="list-style-type: none"> • 2017 (155 patients) • 2018 (93 patients) • 2019 (46 patients to date: Aug 8)
<p>For the 58 patients currently enrolled, how many staff members at the Coalition could be working with each one at a given time?</p>	<p>Each patient could be working with up to four Coalition team members. These include a nurse, community health worker (CHW), social worker, and Housing First specialist. All four or just a couple could be working with a patient, depending on their needs. The nurse and CHW work on medical issues, the Housing First specialist works on securing housing (such as accompanying them to the Dept. of Housing to get a Section 8 voucher), and the social worker addresses other social issues (like accompanying them to DMV to get an ID, signing up for social benefits, etc.)</p>

General Program Questions

When can hospitals anticipate payment?	Payment packets and results were submitted to CMS during the first week of September and are awaiting CMS approval. We expect the timeline to be roughly the same as last year, which means payments and results should be released in early October (though this depends on CMS approval).
When will standard reporting workbooks (SRWs) be available?	SRW workbooks are part of year-end reporting. They will be available in early 2020 for hospitals.
Will there be any updates to the measure validation templates (MVTs) this year?	DOH has heard hospital feedback on the MVTs and will provide more information about them once their release date is closer. MVTs will be released with SRWs in early 2020.