

**STATUS REPORT**

**MAKING TRENTON'S HEALTHCARE  
PLANS A REALITY**

*Prepared for*



**AUGUST 7, 2006**

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## Overview

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This document is meant to serve as a Status Report to Mayor Palmer and the funders, St. Francis Medical Center and Capital Health System, of the project "Making Trenton's Healthcare Plans a Reality".

In March 2006, The Katz Consulting Group, Inc. (now Kurt Salmon Associates) was engaged to develop a plan for improving healthcare in Trenton, with a final report to be submitted at the end of July (see Attachment I). It is now clear that the final report, which is largely complete, will not be submitted until the hospitals and the FQHC have completed agreements to shift primary care services from the former to the latter and a plan is developed and approved for the provision of specialty physicians services. Plans for both primary and specialty care have taken longer to complete than originally anticipated. All other major aspects of the Trenton Plan have been completed, with the exception of the identification of financial resources to implement the Plan. Once the primary and specialty plans have been developed, we will be able to complete the cost of implementation. A complete listing of deliverables is included. We anticipate submitting the final Plan and report to the Steering Committee in September.

The Status Report includes an Outline of Implementation Steps, as well as Next Steps. We have attempted to indicate where we think Kurt Salmon Associates might be helpful to the key constituents in implementation and next steps.



## List of Recommendations

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### Create an Organization for Collaboration, Integrated Planning and Implementation of Plan

Establish a plan to create a "Medical Home" for all Trenton residents that includes an adequate supply of accessible primary care services in the City and an integrated system of specialty care, based on accessing both specialists in private practice and hospital-employed physicians. Establish a forum for ongoing collaboration and integrated planning (Coordinating Organization).

### Responsibilities of the Organization

- Further develop and monitor implementation of the Health Plan and associated budget;
- Develop new sources of funding for the activities delineated in the Plan;
- Establish a health database to collect demographic and health status information, the framework for future development of Electronic Medical Records (EMRs) or Personal Health Records;
- Identify funding to attract and retain new healthcare providers in Trenton; and,
- Establish Trenton's providers as affiliates of an area medical school to establish residency training, medical student rotations and faculty to enhance recruitment.

### Create a Board with Membership from Each of the Stakeholders in Trenton

- Area hospitals;
- Henry J. Austin Health Center (HJA);
- City and State government;
- Major payer groups;
- Community leaders; and,
- Other providers of health and social services.

### Develop Funding Sources for the Organization

- The hospitals might reallocate some portion of their unreimbursed costs currently utilized to operate the clinics to fund the operation of integrated primary and specialty ambulatory system;
- Seek support from grant funding (RWJ Foundation) and stakeholder organizations/groups (Horizon, State, City); and,
- Arrange for payment mechanisms for physicians who provide specialty care in their offices or at hospital sites to include dollars available from HJA and savings from hospitals who are no longer operating clinics;



## List of Recommendations

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### Establish Henry J. Austin Health Center as the Nucleus of a Primary Care Delivery System for the City

- HJA is best suited to assume principal primary care responsibility, based on its expertise and cost recovery mechanism as an FQHC;
- HJA's current patient population of nearly 15,000 must be increased to care for a City of 85,000. It needs support to expand its number of patients to an estimated 30,000 and double its number of providers;
- HJA needs to make itself more attractive to patients with expanded hours and sites; and,
- The plan to increase access to primary care needs to be done in collaboration with the hospitals and private practicing specialists.

### Provide Specialty Care and Improve Access by Changing the Hospital-owned Clinic Model

- Two changes must be made to increase access to specialists in the ambulatory care setting:
  - Funding; and,
  - A coordinating organization;
- Establish arrangements with physician groups to provide specialty care in their private offices and/or at hospital clinics, paid from pooled resources; and,
- Determine a linking agent to assure efficiency for physicians that could be established as a subset of the Coordinating Organization.

### Develop and Implement a Coordinated Consumer Education Plan Throughout Trenton

- Many organizations in the Trenton community engage in consumer education activities, but there is little coordination among them. The new coordinating organization could serve as the entity that pools these efforts to minimize duplication and increase impact in areas such as:
  - The importance of primary and preventative services;
  - What services and programs are available; and,
  - How to use the health system appropriately.
- Establish coordinated and targeted efforts in the hospital Emergency Departments, schools and community outreach:
  - Build on current assets, e.g. Horizon New Jersey Health's ED education initiative and Children's Futures' network of agencies and advocacy groups.



## List of Recommendations

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### Establish a Major Affiliation with Academic Institutions In Order To:

- Potentially increase recruitment and retention of physicians;
- Establish funding for graduate medical education;
- Establish research initiatives in conjunction with hospitals, physicians and other providers; and,
- Fill gaps in specialty care programs.

### Develop a Coordinated Transportation System To Access Services During and After Hours

- The Coordinating Organization could serve as the linkage among entities that provide or arrange for transportation services to and from provider services;
- Must be door-to-door to address safety concerns; and,
- Must ensure easy access to the NICU for mothers and to expand primary and specialty care services.

### Establish a Health Database and an Information System Linking Trenton Providers

- Must have uniform metrics at all provider sites to collect health status and demographic information;
- Must establish a plan for establishing a personal health record system ultimately linked to electronic health records – all providers must participate. Without changing the non-collaborative environment, establishment of an EMR will not be possible;
- Without a City-wide EMR, it will be impossible to understand what duplication of services exist and evaluate quality and costs; and,
- The RWJ Foundation is funding \$3.5M in grants to design and test innovative personal health records systems. Applications are due by September 19, 2006.

## Status of Deliverables

The Final Report on "Making Trenton's Healthcare Plans a Reality" is being prepared for presentation to the Steering Committee at its final meeting, the date for which needs to be established. The following is the status of the deliverables listed in the proposal dated January 31, 2006.

	Deliverable	Status
1.	Reports and Agendas for All Meetings	Completed
2.	Presentation of Findings and Recommendations	Completed (to be finalized at Steering Committee #3)
3.	Interview and Focus Group Findings	Completed
4.	Trenton Health Status Chart Book	Completed
5.	Health Services Assessment	
	Primary/Specialty services	Completed
	Beds needed through 2012	Completed
	Access to clinical and reimbursement expertise	In Process
	FQHC expansion assessment	In Process
	Identification of needed additional, supplemental and alternative to primary/specialty system	In Process
	Documentation and commentary on EMRs	In Process
6.	Assessment of Gaps	
	Transportation	Completed
	Cultural sensitivity	Completed
	Provider willingness to serve Medicaid/charity patients	Completed
	Integrating communication and cooperation	Completed
	Regulations	Completed
	Financing	In Process
	Recommendations for improvement	Completed
7.	Develop Feasible Workplan	See Attachments II & III
	Incentives to increase access to primary/specialty services	Completed
	Plan to secure mix of GME trainees	In Process
	Monitor progress	In Process
8.	Roles/Responsibilities	Completed

## Outline of Implementation Steps

	Action	Responsible Party(ies)	Dates
1.	Steering Committee to accept recommendation for creation of Coordinating Organization	Steering Committee	September 2006
2.	Existing Steering Committee members to serve as Interim Board of Coordinating Organization	Steering Committee	September 2006
3.	Adopt initial name of Organization	Steering Committee	September 2006
4.	Create organizing statement including purpose, goals, organizing principles and monitoring responsibilities	KSA/Steering Committee	October 2006
5.	Create prioritized three-year goals	KSA/Steering Committee	October 2006
6.	Identify and develop charge to Committees to achieve prioritized goals including:	KSA/Steering Committee	October 2006
	Primary/Specialty Care		
	Information System Requirements		
	Transportation		
	Performance Standards		
	Financing the Plan		
	Establish Database		
	Academic Affiliation		
7.	Establish budget for Coordinating Organization	KSA/Steering Committee	October 2006
8.	Identify and pursue sources of funding for Organization	KSA/Steering Committee	November 2006
9.	Engage the State through the Mayor's office in developing alternative financing of Medicaid/charity services	KSA/Steering Committee	November 2006
10.	Identify staffing requirements for new Organization including job descriptions	KSA/Steering Committee	November 2006
11.	Hire Staff	Steering Committee	December 2006

Note: Details of Implementation Plan to appear in Final Report



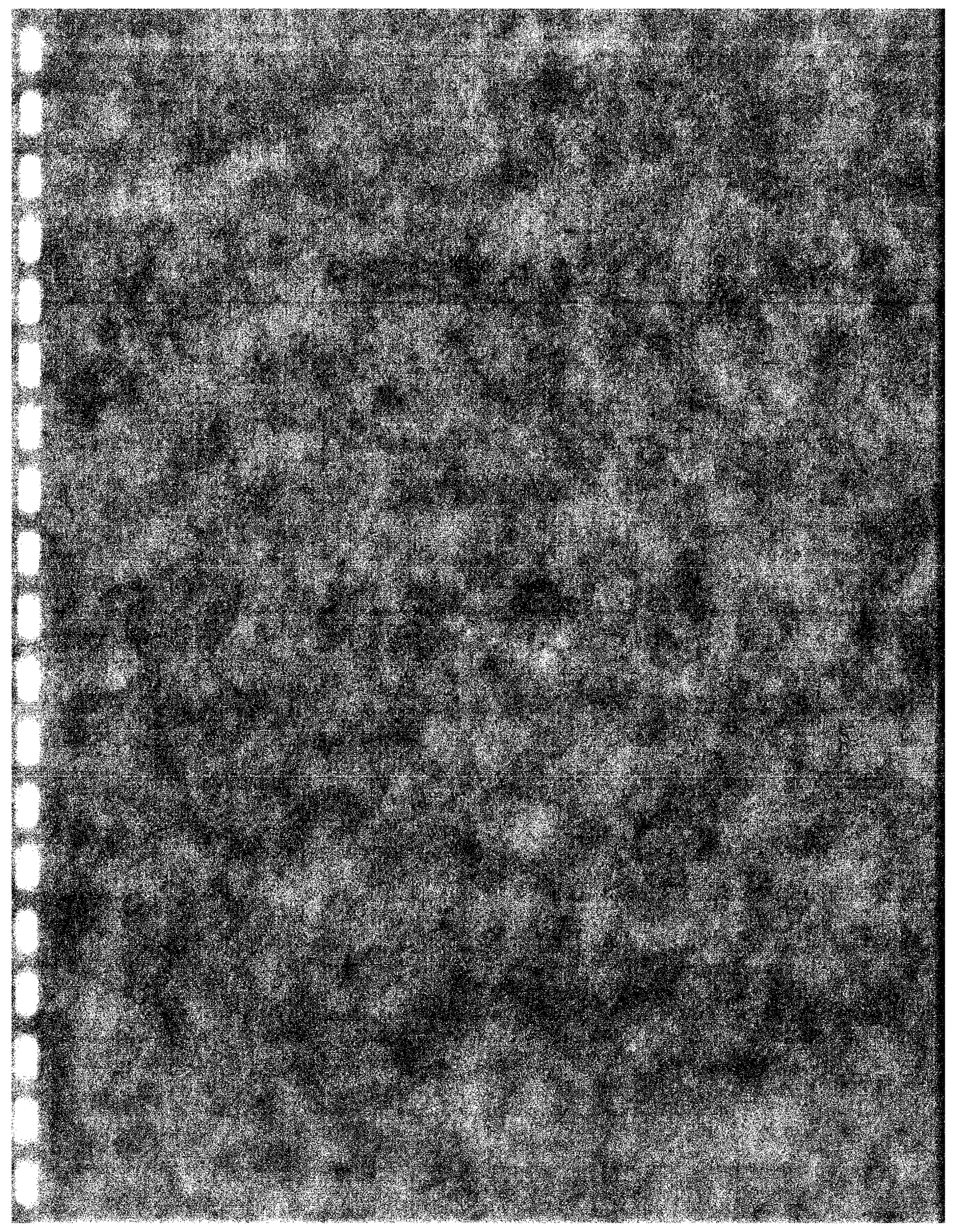


## Next Steps

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In order to complete the Final Report it will be necessary to finalize seven deliverables (see Page 5), as well as several items preparatory to completing the deliverables. Between now and the final meeting of the Steering Committee:

- Members of the KSA/KCG team will meet with representatives of HJA and St. Francis Medical Center and, separately with HJA and Capital Health System, in order to facilitate the development of a business plan for a primary care program;
- Gerald Katz will meet (by phone) with Drs. Remstein and Schwartz to develop a plan to expand specialty services, including identifying sources of funding to pay specialists;
- A meeting will be scheduled with several Steering Committee members and Marilyn Wilson (KSA IT) to explore the realm of a RHIO and Personal Health Record;
- Gerald Katz and Christine Grant will schedule a meeting with representatives of the RWJ Foundation to review a case statement about the Trenton Health Plan and explore funding opportunities;
- KSA/KCG will identify Federal funding sources to support parts of the Plan dealing with the personal health record and reduction in Emergency Room utilization;
- Members of the Steering Committee, along with KSA/KCG, will meet with senior leadership of the RWJ School of Medicine to explore academic affiliation opportunities;
- Members of the Steering Committee and KSA/KCG will meet with State officials to explore funding opportunities to reduce utilization of emergency and inpatient utilization.



**Proposal to**



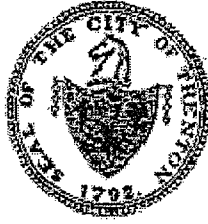
**Making Trenton's Healthcare  
Plans a Reality**

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# Making Trenton's Healthcare Plans a Reality

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# The **Katz Consulting Group, Inc.**

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January 31, 2006

Christine Grant, JD, MBA  
151 Brooks Bend  
Princeton, NJ 08540

Dear Christine:

The Katz Consulting Group, Inc. (KCG) is pleased to submit the enclosed proposal to manage the Making Trenton's Healthcare Plans a Reality project (the Project) for the City. Based on the December 9, 2005 Request for Proposal (RFP), we understand that there is a significant need to develop a feasible workplan to maximize Trenton's evolving healthcare system and address the health service needs of its population. This workplan must meet the full scope of services outlined in the RFP and be grounded in accurate health status and health service assessments of the City. In light of the City's expected shift in socio-economic demographics from revitalization projects currently underway, the proposed changes to the local healthcare system, (i.e. the proposed relocation of one of Capital Health Systems' (CHS) acute care hospitals, the planned expansion of Henry J. Austin Health Center, and the continual evolution of St. Francis Medical Center) has made this Project a public health initiative of utmost importance for the future.

We are uniquely qualified to work with diverse, often competing, community interests and achieve strategic health goals by facilitating consensus building through cooperation and collaboration. In our fifteen-year history as a firm, KCG has had extensive experience working with health service agencies, community hospitals, academic medical centers, physician practice groups, community leaders, and city and state government – the wide range of varied stakeholders identified for the Project. KCG has successfully completed many engagements that directly relate to the Mayor's goals, i.e. community health service assessments, manpower planning, health system distribution strategies, and financial planning analyses. Our recent similar assignments include:

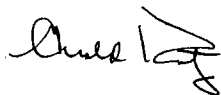
- Central New Jersey Maternal and Child Health Consortium, Piscataway, NJ – Assisted multiple parties, including nine hospitals, a birthing center, and several community organizations, in developing a Certificate of Need application for designation as a Regional Maternal and Child Health Consortia in New Jersey;
- New Jersey Department of Health and Senior Services, Trenton, NJ – Assisted the New Jersey Department of Health and Senior Services in developing a plan to assist failing hospitals by having them align with stable hospitals in the communities. KCG took the lead in facilitating a merger between two hospitals under this plan;
- Robert Wood Johnson University Hospital, New Brunswick, NJ – Conducted analysis of the financial impact on other area hospitals of the creation of a regional Perinatal Center at an academic medical center;
- Robert Wood Johnson School of Medicine, New Brunswick, NJ – Assessed with the merger of Family Practice and General Internal Medicine primary care practices;
- National Association of Children's Hospitals and Related Institutions (NACHRI), Alexandria, VA – Conducted a national study of the shortage of pediatric subspecialists;
- Ryan Community Health Center, New York, NY – Conducted a strategic planning retreat;

- Cathedral Healthcare System, Newark, NJ - Conducted a national study of the relationship between academic medical centers and medical schools;
- Visiting Nurse Service of New York, New York, NY – Developed a strategic plan for the largest not-for-profit home health provider in the country;
- Child Health Corporation of America (CHCA), Shawnee Mission, KS – Conducted a national study of the evolving role of Advanced Practice Nurses in transforming the pediatric health care team;
- Philadelphia Aids Consortium, Philadelphia, PA – Conducted a study of health services for the AIDS population of Philadelphia; and,
- North Philadelphia Health System, Philadelphia, PA – Developed a turnaround plan for an urban safety-net hospital. KCG continues to serve as fiscal monitor, representing the Secretary of Public Welfare for the Commonwealth of Pennsylvania.

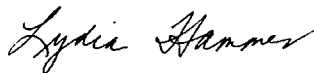
Based upon the RFP's description of the goals and key questions, we are confident that KCG can respond to Mayor Palmer's call for recommendations on how to develop an enhanced healthcare system for Trenton. Three members of our firm have been trained at Schools of Public Health and we understand the familiar health plights of urban low-income areas: poor health status, lack of insurance, barriers to access, distressed safety-net hospitals, and the need for collaboration among providers.

Please call us with any questions regarding our proposed plan and scope of services. KCG looks forward to working with you, the City of Trenton, and its partners.

Sincerely,



Gerald Katz  
President



Lydia Hammer  
Executive Vice President

**Signature Page**

To authorize The Katz Consulting Group, Inc. to proceed with this project, please sign a copy of this agreement and return it with a retainer payment of \$42,375.

We hereby accept the terms and conditions as indicated in the proposal to the City of Trenton, dated January 31, 2006, for the Making Trenton's Healthcare Plans a Reality project. We authorize The Katz Consulting Group, Inc. to proceed with the tasks as outlined.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

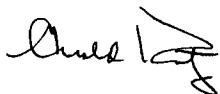
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Date

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Date

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Plymouth Meeting, PA 19462

KCG is incorporated in the Commonwealth of Pennsylvania, with a Federal Tax ID# of 23-2641272. KCG is not subject to back-up withholding.



Gerald Katz, President  
The Katz Consulting Group, Inc.

**T**renton is located in Mercer County, New Jersey, across the Delaware River from Bucks County, Pennsylvania. The City was once a center for industry in the late 1800's and early 1900's, but has seen dramatic economic decline and hard times for most of the 20<sup>th</sup> Century. According to the 2000 US Census, its 1999 Median Household Income was \$31,074, by far the lowest in Mercer County, whose overall Median Household Income was \$56,612. Trenton was the only municipality in the County to experience a decrease in its population between 1990 and 2000 as its number of residents fell 3.7% to 85,403. The City also has the distinction of having the highest number and percentage of minorities in the County with a predominantly African-American population of 44,465 residents or 52.1%. Hispanics or Latinos of any race constituted 18,391 residents or 21.5%, while Whites were numbered at 27,802 or 32.6%.

In recent years, however, the City of Trenton has seen a flurry of activity directed towards revitalizing its economy and offering hope for improvement. Under the leadership of Mayor Douglas Palmer, \$68 million has been added to its property tax base over the last three years and \$250 million has been announced for investment in development projects in just the last five months. Population projections published by Mercer County's Planning Division even forecast a small increase to 86,500 by 2026. With the renovation and construction of homes, office buildings, and retail spaces, the socio-economic demographics are expected to change for New Jersey's state capital, significantly affecting the need for services from its healthcare system.

Changes are also on the horizon with the January 2005 announcement by Capital Health System (CHS) of its plans to move its Mercer hospital out of Trenton and open a new acute care facility in Lawrence Township. CHS at Mercer is one of three acute hospitals in the City; along with CHS at Fuld and St. Francis Medical Center (St. Francis), the three hospitals continue to evolve their mix of services.

The region is a designated Health Professional Shortage Area (HPSA) and is home to a Federally Qualified Health Center (FQHC) called the Henry J. Austin Health Center (Austin Center), which provides comprehensive adult and pediatric primary care. Services include OB/GYN, HIV, dental, podiatry, ophthalmology, pharmacy, and behavioral health. With its three sites, the Austin Center reports having served 13,739 patients in 59,140 encounters in 2004, but primary care problems still persist for Trenton's population and expansion plans are currently underway for the Center's Ewing Street facility.

As with other poor, urban centers, Trenton experiences over-utilization of its emergency rooms (ERs) due to the population's problems in accessing primary and specialty care associated with lack of insurance and unmanaged chronic illnesses. According to 2004 data from the American Hospital Association, CHS at Mercer handled 46,704 ER visits in addition to 29,422 visits at CHS at Fuld and 27,581 visits at St. Francis Medical Center.

Maternal and child health may be the area most affected by the hospital's potential relocation plans, especially with Trenton's high percentage of high-risk pregnancies. CHS at Mercer is the designated Regional Perinatal Center and the only hospital in the City to deliver babies, handling 2,908 births in 2004. Its relocation would move all of the OB/GYN beds (59), 87% of the pediatric beds (41 of 47), all the NICU bassinets (15), and all the intermediate bassinets (15) out of the City. According to 2003 Birth Statistics from the New Jersey Department of Health and Senior Services, the City of Trenton accounted for nearly one-third (1,426 or 31.6%) of all Mercer County births and, moreover, 40% (167) of all the County's low birth weight babies (<2,500 grams).



Evaluating the impact of the potential loss of hospital-based maternal and child health services must be a high priority.

In response to the projected changes of CHS, the Austin Center, and St. Francis, Mayor Palmer announced in his State of the City Address in October 2005 that he has called a summit between all of Trenton's healthcare providers to develop a "great health system" for Trenton. Further, he has also created a health care coalition of community and medical partners to consider options and make recommendations. These initiatives have led the Mayor's Office into issuing a Request for Proposals on leading his coalition into making an organizationally and financially feasible workplan for the best range of accessible healthcare services to be provided for all its residents. To this end, The Katz Consulting Group, Inc. (KCG) has established the following goal for this assignment:

*To analyze the current and projected population's health in Trenton and assess the healthcare services available, identifying gaps and barriers, and provide organizationally and financially feasible recommendations in a detailed workplan to provide the highest level of healthcare to all Trenton residents.*

In order to achieve this goal, KCG will answer the following key questions:

- What are the health status indicators of Trenton's population?
- What are all of the healthcare resources in the City? Where are the gaps in healthcare access and delivery?
- What specific services and service capacity will be changed with CHS at Mercer's potential departure and the Austin Center's expansion? What options are available to ensure the highest level of services and capacity available within the City?
- What reimbursement considerations are there in order to fund service shortfalls? How might reimbursement be enhanced or even obtained for services provided to Trenton's poor?
- How does Trenton compare with other urban areas outside the State in achieving health indicator markers found in Healthy New Jersey 2010?
- What are the appropriate health indicator targets for Trenton's population in 2012? What are the necessary pieces in Trenton's health system to be in place in order for those targets to be met?
- What is the likely financial investment required to have an optimized health system that will meet the needs and targets of Trenton's population through 2012? What are reasonable markers along the way?
- Who are the likely players and what are their roles and responsibilities for receiving the potential financial investment for Trenton's health system?
- What effect will the proposed expansion of the FQHC model have on the City? How will it accommodate the proposed changes in the health system?
- What is the current and forecasted physician manpower needs and supply for Trenton by specialty? What are the best strategies to increase the number of providers in the specialties observed to have deficits?
- How can financially viable primary care and specialty referral services be made accessible to Trenton's population in optimal fashion?
- How can the academic affiliations of Trenton's hospitals and clinics be utilized or enhanced to secure an appropriate mix of graduate medical specialty trainees?
- What is the forecasted impact of Trenton's development projects on the population's demographics and demand for healthcare services?

- How would the use of electronic health records affect Trenton's population and health system?

The next section of this proposal describes our proposed approach and scope of work to answer the above questions and to achieve the goal of this assignment.

In order to best serve Trenton's residents through 2012, this proposal has been structured to facilitate the assessment of both the population's health status and the health services available, identifying gaps, barriers, and feasible improvement recommendations in consideration of the revitalization projects and planned changes to the local healthcare system. During the course of this study, The Katz Consulting Group, Inc. (KCG) will work to facilitate consensus amongst participating civic, health, and community leadership regarding the organizationally and financially feasible next steps they should take to provide the best complement of healthcare services to the population.

It is expected that six groups will provide guidance, input, and decision-making for the development of a detailed workplan. These groups are:

- **Project Steering Committee;**
- **Health Status and Health Services Committee;**
- **Maternal and Child Health Subcommittee;**
- **Primary and Specialty Care Subcommittee;**
- **Social Services and Support Subcommittee;** and
- **Finance and Planning Committee.**

Additional groups may be assembled, comprised of appropriate personnel to be determined after Project commencement, to function as workgroups focused on key areas identified for study.

### **Project Steering Committee**

It is understood that Mayor Palmer will be convening the Steering Committee that will recommend overall direction for the development of the workplan. The Mayor is expected to appoint its membership, which will be comprised of the executives and medical directors of the institutional providers, along with specialty physicians, local concerned citizens, family and child advocates, public health experts, and representatives of the City of Trenton.

### **Health Status and Health Services (HSHS) Committee**

The Mayor or his designee should select from the Steering Committee approximately 12-14 individuals, along with others outside the Steering Committee, to describe and assess the health status of Trenton's population and the health resources available to them. During the process of this study, this group will define terminology, identify gaps, and establish benchmarks to measure progress of the final workplan's implementation. The projected changes in service-mix and capacity will be accounted for, with special emphasis placed on adult primary care, pediatrics, obstetrics, and emergency room. This committee will also be responsible for developing a vision that will guide its work and that of the other Committees and Subcommittees in the project.

KCG recommends that the Mayor or his designee appoint the chair of the HSHS Committee as well as each of its Subcommittees to lead the groups as they function. Subcommittee membership should be by appointment as well, but with wide community representation. The three Subcommittees are as follows:

- **Maternal and Child Health (MCH)** - The MCH Subcommittee will be charged with assessing issues directly relating to MCH services, especially as they pertain to the proposed relocation of the Regional Perinatal Center. This group will search for alternatives, e.g. new or expanded providers, different care delivery models, etc.

- **Primary and Specialty Care (PSC)** – The PSC Subcommittee will be charged with assessing physician and mid-level manpower to provide care. More specifically, this group will explore the FQHC-expansion model for primary care access, determine the appropriate service-mix for the population, and explore options to increase the availability of specialists.
- **Social Services and Support (SSS)** – The SSS Subcommittee will be charged with identifying infrastructure gaps and barriers in the provision of healthcare services, e.g. transportation and office hours, as well as the effectiveness of social service agencies. This group will develop options to overcome these issues, e.g. the optimal use of available entitlement programs and options to increase interagency cooperation.

### **Finance and Planning Committee (F&P)**

The Mayor or his designee should select from the Steering Committee approximately 6-8 individuals, along with others outside the Steering Committee deemed necessary, to serve on the Finance and Planning (F&P) Committee. This group will assess financial impact to the City and its healthcare system on the proposed system changes and the forecasted demographic impact from Trenton's revitalization projects. More importantly, the F&P Committee will develop detailed cost-benefit analyses for feasibility on the recommendations derived from the HSHS Committee and its subcommittees as well as identify needed financial investment and sources for funding in order to implement them.

### **Approach and Scope of Services**

KCG will work closely with the leadership of the three Committees and three Subcommittees to establish agendas and facilitate consensus building among the various parties. We will work with them to establish a set of values and common goals, leading to a vision statement. All assessments and recommendations will be guided by the derived vision.

In order to achieve the project goal, KCG will be on site weekly for close project management and assign an administrative Project Liaison to assist in obtaining data and information, assist in the interpretation of data received, facilitate the scheduling of interviews, and help resolve any project issues. In particular, this individual will be on site in City offices between one and two days per week to act as the interface between the Consultant Team and the Client. All communication will be channeled through the Project Liaison or with his/her knowledge to other appropriate individuals. The Project Liaison will also be responsible for obtaining the name, title, address, phone number, fax number, and assistant's name for all Steering Committee members, other committee members, and interviewees.

KCG's role at all Committee meetings will be to formulate agendas, prepare material for review, develop draft findings and recommendations, and facilitate consensus development regarding organizational and financial improvements that will result in the appropriate provision of healthcare services for Trenton's changing population.

**Task 1.** Prior to preparing and submitting a detailed Data and Information Request in Week One, KCG will conduct a meeting with the Project Liaison, key Trenton stakeholders and health leaders to get an overview of the issues and history of the City's healthcare system. Based on what we learn is available from the project's participants, the Data and Information Request will outline all

necessary data, which will provide a basis for developing the Health Status and Health Service Summary Report. Participation and compliance will be essential as up-to-date health data in the public domain is not available at the city level. This request will include: city-level planning information, population projections, vital statistics, morbidity and mortality information, hospital and health clinic service utilization, physician and other provider manpower statistics, financial performance information, regulations, and strategic plans for healthcare provider organizations, etc.

Requested data and information must be provided at least one, preferably two weeks prior to the Task Two Steering Committee meeting in order to provide needed time for the completion of the Health Status and Health Service Summary Report and prior distribution to Steering Committee members. This Report is for purposes of overview and discussion and will serve as the starting point for the other committees and subcommittees and for the creation of a vision statement. Final health status and health service assessments will be developed through the HSHS Committee.

KCG understands, however, that not all requested data might be provided in the timeframes required for a given project. From our experience in working with other clients, especially with multiple parties, we have learned to adapt and obtain needed statistical information from other sources especially vendors, e.g. Claritas and Solucient. In cases where participant data is not provided at time of need, these other sources will be utilized and charged to the client separately, but only with advanced discussion and approval.

The Project Liaison and the Steering Committee will identify approximately 30 to 35 interviewees, from the range of participants and key stakeholders, including community leaders, advocates, and medical providers. These interviews will be confidential. Draft interview guides will be sent to individuals on the Steering Committee for review and approval prior to the Consultant's Week Four site visit.

The Steering Committee will also identify and recruit 20 to 24 adults from the Trenton community to participate in two focus groups of no more than 12 people each. The participants should be selected to provide qualitative data on the especially pressing issues, i.e. maternal and child health, primary and specialty care, especially as they relate to the proposed healthcare system changes in the City. Monetary incentives may be required to secure participation. Draft focus group questions will be sent to individuals on the Steering Committee for review and approval prior to the Consultant's Week Four site visit.

Timeframe: February 2006 or Weeks 1-3

**Task 2.** KCG will be on-site in Trenton for two-three days during our Week Four site visit. During this time, we will facilitate a two-hour project kick-off Steering Committee, conduct 30-35 interviews, and conduct two 60 to 90 minute focus group sessions.

KCG will review the Summary Health Status and Health Service Report with the Steering Committee as well as present information relative to selected cities similar to Trenton for Benchmark development. KCG will work with the

Steering Committee to develop a project vision statement and guidelines to facilitate consensus among the groups throughout the project. Working assumptions on the demographics will also be established in consideration of the economic developments. Additional committees may be suggested at this time to study certain areas of focus.

The purpose of the confidential interviews is to:

- Identify organizational and financial issues related to healthcare delivery for Trenton's health system, e.g. manpower, staffing, policy, patient satisfaction, efficiency, financial performance, and reimbursement;
- Review issues identified from the Summary Health Status and Health Service Report;
- Identify potential criteria in the development of priorities for addressing identified issues; and
- Discuss future goals for their respective organization/institution that will impact the system.

The purpose of the focus groups is to:

- Review issues identified from the Summary Health Status and Health Service Report;
- Identify potential community responses to existing and projected service gaps;
- Identify community perceptions of Trenton's government, agencies, health institutions, and providers;
- Identify and better understand specific barriers to healthcare services, e.g. cultural competency and infrastructure; and
- Document the voiced needs of the community regarding healthcare services.

Information and insights from the interviews and focus groups will be incorporated into the final plan.

Timeframe: February - March 2006 or Week 4

**Task 3.** During Week Five site visit, KCG will meet with the HSHS Committee to develop the Health Status and Health Service Description and Assessment. The Summary Health Status and Health Service Report, the demographic working assumptions, and preliminary analyses of the interviews and focus groups will be reviewed. With the project vision statement and guidelines to facilitate consensus and decision-making, KCG will then work with the group to develop a set of priorities in terms of what health issues and goals need to be addressed.

Timeframe: March 2006 or Week 5

**Task 4.** KCG will meet with the three Subcommittees, Maternal and Child Health (MCH), Primary and Specialty Care (PSC), and Social Services and Support (SSS) during Weeks Six, Seven and Eight respectively. These meetings have been staggered to allow for proper preparation and because some individuals may be members of more than one group. Similar processes for facilitation

and consensus will be utilized for each, although the foci of interest are different. KCG will present its initial findings for each area, and then building upon the established project vision statement, project guidelines, and HSHS Committee planning priorities, each Subcommittee will develop and then investigate options unique to them according to a study plan devised at the meeting. KCG will also identify appropriate clinical experts in areas such as maternal and child health, trauma, cardiology, and pediatrics as needed to assist in the evaluation of service needs, gaps, and plans. Each Subcommittee will be asked to study the following issues and report all their findings in two weeks with KCG providing close management along the way:

- MCH – Alternate sources for maternal and child health services;
- PSC – Exploration of the FQHC-model and the impact of Ewing Street facility expansion, appropriate hospital service-mix and necessary physician recruitment goals, emergency department capacity, the use of electronic health records; and,
- SSS - Cultural sensitivity, provider willingness to accept Medicaid and charity care, service gap solutions and ways to improve poor interagency cooperation.

Timeframe: March 2006 or Weeks 6-8

- Task 5.** The MCH, PSC, and SSS Subcommittees will reconvene and meet with KCG a second time during Weeks Eight, Nine and Ten to review the findings from each investigation. KCG will then summarize, analyze, and articulate them for formal HSHS Committee review.

Timeframe: March - April 2006 or Weeks 8-10

- Task 6.** KCG will meet with the HSHS Committee and present the Subcommittee findings and analyses. KCG will facilitate discussion, again with the aid of the project vision statement and guidelines, to synthesize all findings into a set of formal Committee recommendations with health indicator markers identified for progress against the established benchmarks from other comparable cities. Recognizing the public health issues of the urban poor, special emphasis will be placed on the Subcommittee findings for primary care, pediatrics, and obstetrics. This set of recommendations will be passed on to the F&P Committee for financial feasibility analysis and planning.

KCG will also draft the formal Health Status and Health Service Description and Assessment from the HSHS findings as the eventual deliverable containing all necessary health-related statistics along with analyses of available health resources.

Timeframe: April 2006 or Week 11

- Task 7.** KCG will distribute the Health Status and Health Service Description and Assessment draft, including the formal HSHS Committee recommendations, and the initial Summary Health Status and Health Service Report with financial performance data prior to its first meeting with the F&P Committee.

KCG will meet with the F&P Committee during Week Twelve to review the HSHS Committee recommendations and financial performance data. A

strategy to investigate the financial feasibility of the recommendations, e.g. physician recruitment incentives and academic affiliations, will be developed with consensus based on the project vision and guidelines. As additional financial data may be required at this time, the feasibility process will span from Week Twelve to Week Fourteen.

Required financial investment and potential investors will be identified at this time. Additional personnel may be summoned for their expertise in healthcare reimbursement.

KCG will also meet with the Steering Committee during Week Twelve in order to provide project updates and gain important feedback and comments.

Timeframe: April – May 2006 or Weeks 12-14

**Task 8.** KCG will draft findings of the financial feasibility and develop a draft workplan prior to meeting with the F&P Committee during Week Fifteen. These drafts will be reviewed and discussed with Committee members with adjustments to strategies and schedules as well as markers for implementation progress.

Timeframe: May 2006 or Weeks 15 and 16.

**Task 9.** KCG will compile the Health Status and Health Service Description and Assessment, Financial Feasibility, and Workplan drafts and present our findings to the Steering Committee.

KCG's presentation will include:

- Trenton's Health Status and Health Service Assessment with Commentary
- Health Indicator and Health Service Targets and Associated Markers
- Physician Recruitment and Retention Targets
- Hospital Service-Mix
- Recommendations for Improvement
- Identified Barriers and Resolutions
- Workplan for Improving Healthcare Service-Mix
- Analysis of Required Financial Investment Sources and Amounts

Timeframe: May - June 2006 or Weeks 17 and 18.

**Task 10.** KCG will incorporate edits and issue the Final Report with Health Status and Health Service Description and Assessment, Financial Feasibility, and Workplan.

Timeframe: June 2006 or Weeks 19 and 20.

### **Deliverables**

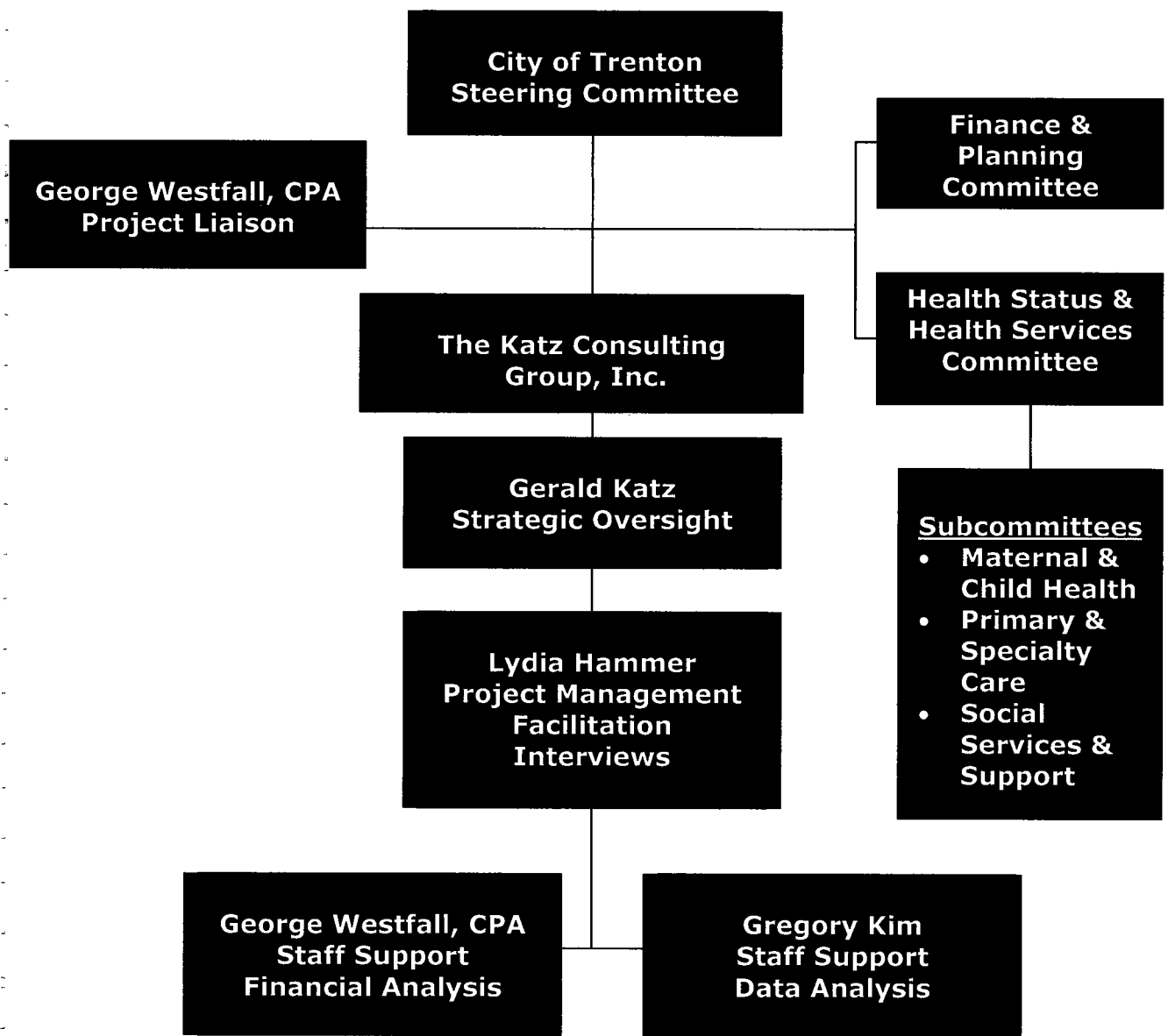
- Reports and Agendas for All Meetings
- Presentation on all Findings and Recommendations
- Interview and Focus Group (if included) Findings
- Trenton Health Status Chart Book, including:



- Health statistics with commentary
- Healthcare employment and manpower assessment and future implications of proposed changes
- Health Services Assessment, including:
  - Primary care and specialty referral services and benchmarks
  - Amount and adequacy of existing and proposed changes in the number and location of acute care and specialty beds and services through 2012
  - Access to clinical and reimbursement expertise
  - FQHC expansion assessment
  - Identification of needed additional, supplemental, & alternative elements of a primary & specialty care system.
  - Documentation and commentary on electronic health records in Trenton
- Assessment of Specific Gaps, including:
  - Transportation
  - Cultural sensitivity
  - Provider willingness to serve Medicaid and charity patients
  - Interagency communication and cooperation
  - Regulations
  - Financing
  - Recommendations for improvement
- Feasible Workplan to Expand Trenton's Health System, including:
  - Incorporate incentives into the development of a plan to increase and/or secure access to primary and specialty referral services;
  - Plan to secure an appropriate mix of graduate medical specialty trainees
  - Deliverables to monitor progress
- Set of Roles and Responsibilities of City, County, State and Private Sector Entities to Make the Financial Investment Necessary to Improve Healthcare Service-Mix

# PROJECT STAFFING

In order to complete this engagement in an expeditious manner and to bring all the necessary expertise to the project, The Katz Consulting Group, Inc.'s team has been assembled based on their relevant experience. Gerald Katz, President, will be actively involved in the project and will facilitate all Steering Committee meetings and participate in interviews. Lydia Hammer, Executive Vice President will manage the project and oversee day-to-day activities, including interviewing and data analysis and will participate in all meetings. Both Mr. Katz and Ms. Hammer have had extensive experience in public health, assisting public and private agencies in health assessment and health system planning. George Westfall, CPA, Senior Manager, will serve as Project Liaison and provide financial guidance and analysis, and Gregory Kim, Consultant, will assist with data analysis.



# FEEES AND TIMING

**B**ased upon the scope of services described in the proposed workplan, The Katz Consulting Group, Inc. estimates the following fees:

Professional and Administrative Fees	\$165,000
(Includes: \$8,000 for Focus Groups; \$25,000 for Project Liaison; and \$10,000 for Clinical Experts)	
Out-of Pocket Expenses	<u>\$4,500</u>
<b>Total</b>	<b><u>\$169,500</u></b>

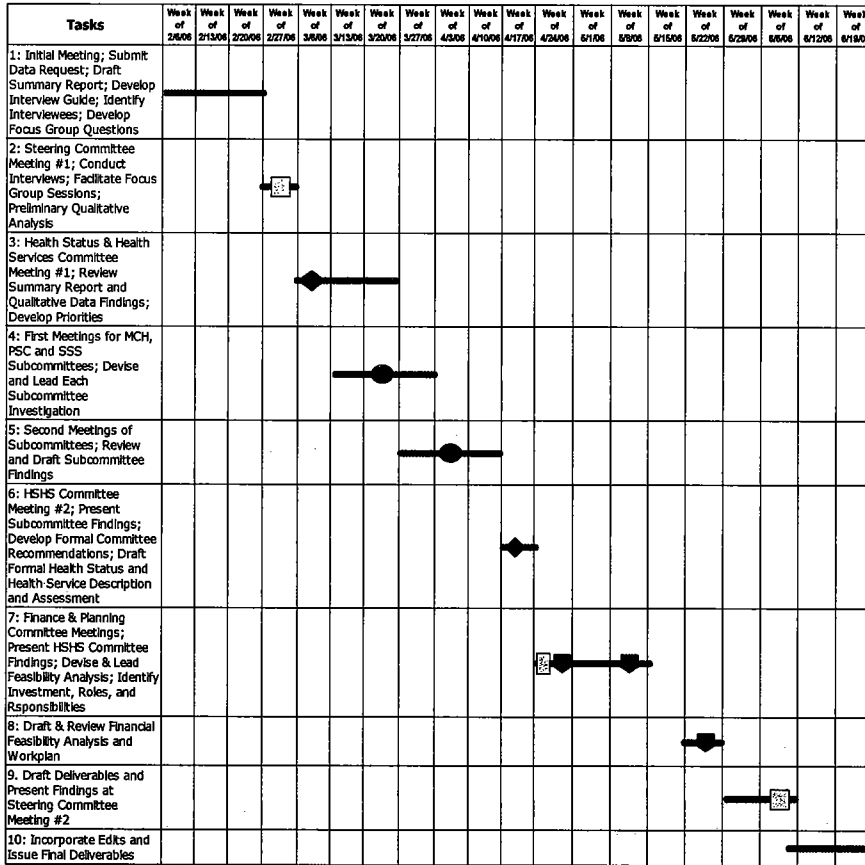
The professional and administrative fees are based on 540 professional hours expended. Out-of-pocket expenses, including the purchasing of data required for the analyses, travel, additional copies of the final report above five, will be billed separately.

The estimates are based upon the assumption that the City of Trenton and its partners for this project will support The Katz Consulting Group, Inc. in the collection of data and the scheduling of meetings, interviews, and identification of participants in the focus groups. Total Steering Committee meetings will not exceed three meetings; total Health Status and Health Service Committee meetings will not exceed two meetings; total Maternal and Child Health Subcommittee meetings will not exceed two meetings; total Primary and Specialty Care Subcommittee meetings will not exceed two meetings; total Social Services and Support Subcommittee meetings will not exceed two meetings; and total Finance and Planning Committee meetings will not exceed three meetings, as defined within this scope of work and fee. We will conduct no more than 35 interviews and no more than two Focus Group sessions. We expect to be on site on a weekly basis to closely manage this project. Should the scope of services as described herein need to be amended during the course of the project, we will discuss the situation with you prior to incurring any additional hours and professional expenses.

At the end of the project The Katz Consulting Group, Inc. will provide the Mayor with five bound copies and one unbound copy of the final report.

We can begin the project within one week of receiving your written notification and retainer, and will deliver a final report to the Mayor within five months of that date. To authorize The Katz Consulting Group, Inc. to proceed with this project, please execute the signature copy of this agreement and return it with your retainer payment of \$42,375. Thereafter, you will be invoiced on a monthly basis with payments expected and appreciated within fifteen days of the billing date.

## Project Timeline



**LEGEND**

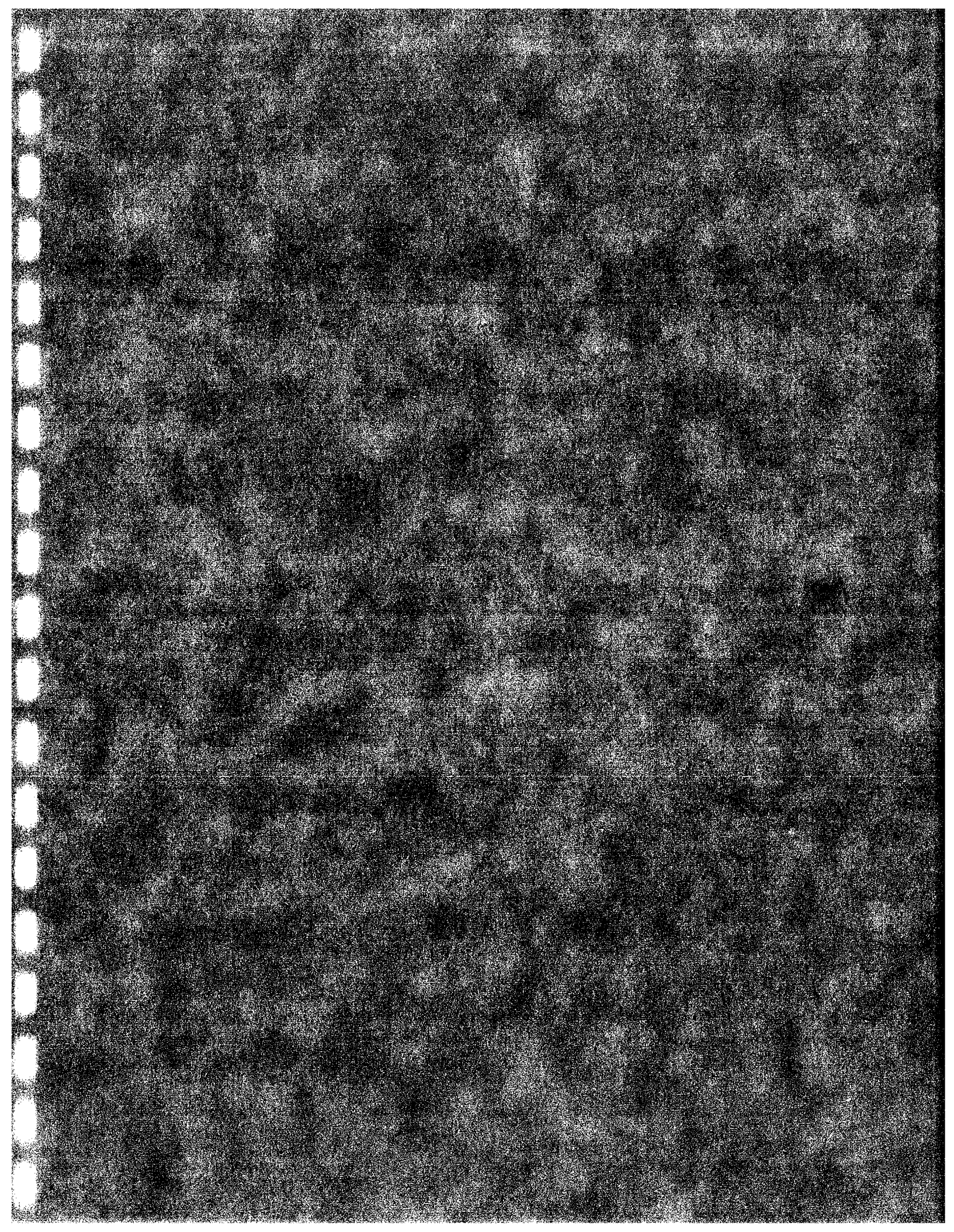
————— Task

■ Steering Committee Meetings (SC)

◆ Finance and Planning Committee

◆ Health Status and Health Assessment Committee (HSHS)

● Maternal and Child Health Subcommittee (MCH); Primary and Specialty Care Subcommittee (PSC); Social Services and Support Subcommittee (SSS)





## Attachment II: Summary of Key Findings from Confidential Interviews

The Katz Consulting Group, Inc. conducted 30 interviews of key leaders knowledgeable in the particular health needs for Trenton and the resources available in developing a health plan. These individuals come from diverse backgrounds including hospitals, health centers, medical schools, state and municipal health departments, physician groups, advocacy groups, and others identified by the project Steering Committee for their expertise.

Several themes emerged from these discussions which are summarized as follows:

### 1. Primary Care

- There is insufficient use of primary care in Trenton resulting in sicker patients and over utilization of the hospital emergency departments (EDs).
- Because of Trenton's high number of uninsured and underinsured, there are few private physician offices in the city.
- While Trenton has a Federally Qualified Health Center with three sites in Henry J. Austin, it does not attract the number of patients believed it should. Some have suggested that patients are unhappy with how they are treated there.
- Henry J. Austin needs to be expanded to provide more primary care.
- With long waits in the emergency departments, patients need to be educated in the proper use of the health system, especially distinguishing between emergent and non-emergent cases.
- Trenton residents are ingrained in how they utilize health care with patterns passed on from generation to generation. One interviewee believed that emergency department use will not change and suggested a primary care service alongside the ED.

### 2. Specialty Care

- Access to specialty care is a significant problem for Trenton residents, especially for pediatric patients.
- Without the proper insurance, Trenton residents encounter barriers to private specialists, either having long waits for appointments or being unable to get one altogether.
- The hospital clinics offer specialty care free of charge but see only a limited number of patients and are considered highly inefficient.
- Establishing an academic relationship with a medical school would increase the number of specialists in the City.

### 3. Prenatal Care and Obstetrics

- Births to teenage mothers is a problem and suggests that health education needs to begin in the school system and at an early age.
- Many women in Trenton do not know that they are entitled to prenatal care.
- Many women in Trenton do not know how to use their coverage plans and are often auto-enrolled into payer groups that are not accepted in the city.
- Pregnant women often have other issues, e.g. poverty, depression, homelessness, etc., competing with healthcare as a priority.
- There is no place for drug-addicted mothers in Trenton.
- Trust is a significant issue for Trenton women, so outreach for prenatal care must be conversational and relationship-based.



## Attachment II: Summary of Key Findings from Confidential Interviews

- Trenton's four HealthStart prenatal care clinics do a good job, though their staff turnover is identified as a barrier to care.
- Children's Futures is developing a common data set for the four HealthStart clinics.

#### 4. Barriers to Accessing Health Services

- The undocumented population is afraid to access healthcare for fear of their immigration status.
- Poverty is a barrier to healthcare as many Trenton residents cannot afford to miss a day of work or fear losing their jobs while waiting in a clinic.
- The lack of a reliable transportation system is a barrier to access and contributes to inefficiencies as physicians experience down time due to no shows at the clinics.

#### 5. School-Based Initiatives

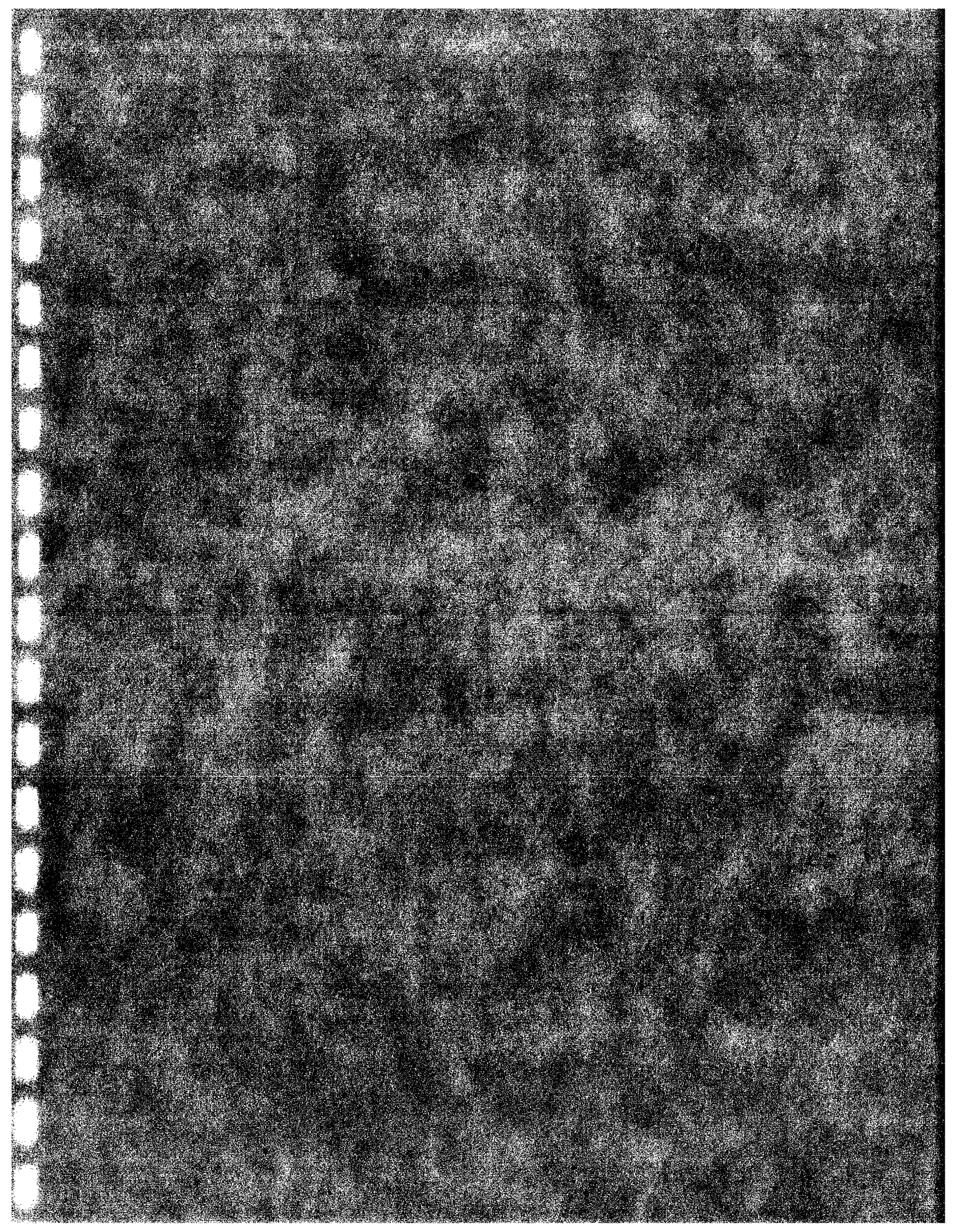
- School-based initiatives are underutilized and undervalued.
- Initiatives must begin early, before high school.

#### 6. Lack of Institutional Collaboration

- The hospital providers are highly competitive with one another.
- There is a lack of collaboration among Capital Health System, St. Francis Medical Center, and Henry J. Austin Medical Center.
- The hospitals have affiliations with different hospitals throughout the area for tertiary care.
- The loss of services at St. Francis, e.g. obstetrics and pediatrics, was done without coordination among the City's providers.

#### 7. CHS Mercer's Proposed Relocation

- Reaction was mixed to CHS Mercer's proposed relocation to Lawrence.
- Several believed that Trenton had an oversupply of hospital beds and that CHS Mercer's relocation and distance was not an issue.
- Others expressed concern over those dependent upon CHS Mercer for services, e.g. for NICU.
- Most affirmed CHS Mercer's financial need to relocate and build a new facility, which would attract physicians to the area, but were concerned over which services should be left behind to ensure that there were no gaps created in care.







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