



community report

# 2012



*Transforming Healthcare for the Community with the Community*



## To the Trenton Community:

# Letter from the Trenton Health Team Executive Committee

Six years ago, the city of Trenton's major healthcare providers took the highly innovative step of moving from competition to collaboration. The collaborators include the city's two hospitals, St. Francis Medical Center (SFMC) and Capital Health (CH), its only federally recognized health clinic, Henry J. Austin, and the city Health Department. Together we agreed that the people of Trenton deserved better healthcare.

At the time, we knew that no matter how good our individual institutional efforts were, only by collectively assessing health needs, determining priorities and working together could we effectively improve the health of our community.

The Trenton Health Team's (THT) first step was to expand primary care access across all of the city's clinics. Same day appointments are now available at Capital Health, St. Francis and Henry J. Austin Health Center. We extended our collaborative approach to other major health and social service groups in the city. Now, nearly all players involved in Trenton's psychosocial service network have partnered with the Trenton Health Team. Our ongoing community needs assessment is the most robust ever. The collaboration among organizations is yielding a deeper level of understanding of community health needs. And it's because we've taken one additional, critical step: we've gone directly to the Trenton residents we serve to verify the accuracy of the data and to learn more.

In the process, we're connecting with residents in a different way. We're engaging and developing partnerships with our community. We're finding residents are more than casually interested in being involved—indeed responsible—for their own healthcare. As our early work at Kingsbury Towers shows, individuals are hungry for knowledge and skills in order to take control of their own lives—with help, of course—and also, in the process, to help their neighbors.



*THT Executive Committee: Robert Remstein, Kemi Alli, Ruth Perry, Christy Stephenson, James Brownlee*

## Letter (cont'd.)

Our highest priority is to improve the health of Trenton, but we have been ever mindful of the necessity of containing costs that have spiraled out of control and that are now unsustainable. We believe—and our experiences to date show—that by collaborating, we can actually drive down costs while providing significantly better, more comprehensive and effective care.

We believe that our efforts over the past several years have put us at the forefront of healthcare reform. With passage of the federal healthcare reform legislation and the U.S. Supreme Court's recent ruling upholding it, the Trenton Health Team hopes our fundamental principles—collaboration, improved access to primary care, the use of quantitative and qualitative data, the empowerment of patients, and engagement of the entire community—will benefit not only Trenton residents but also people around the nation.

We are committed to making Trenton the healthiest city in the state, and we pledge to continue working together to find the best ways of meeting that goal.

### **Christy Stephenson, R.N., M.B.A.**

*President  
Trenton Health Team  
Executive Vice President  
St. Francis Medical Center*

### **Kemi Alli, M.D.**

*Vice President  
Trenton Health Team Executive Committee  
Chief Medical Officer  
Henry J. Austin Health Center*

### **Robert Remstein, D.O., M.B.A.**

*Incoming President  
Trenton Health Team Executive Committee  
Vice President for Medical Affairs  
Capital Health*

### **James Brownlee, M.P.H.**

*Secretary  
Trenton Health Team  
Director of Health & Human Services  
and Health Officer  
City of Trenton Division of Health*

“We believe—and our experiences to date show—that by collaborating, we can actually drive down costs while providing significantly better, more comprehensive and effective care.”

*Jeanette Oliveras, B.S.N. and R.N., and Madeline Oliveras, B.S.N. and R.N., both public health nurses working for the City of Trenton's Department of Health and Human Services, meet with Francesca Velez and her family in Trenton recently on a home visit. Ms. Velez recently gave birth and the nurses check in on her son's progress and answer any questions she has.*





## To the Trenton Community:

### Letter From the Executive Director

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A little over a year ago, I joined the Trenton Health Team (THT) as executive director. THT has been working since 2006 to address Trenton's fragmented primary care system, overutilization of emergency rooms, underutilization of clinics, and higher rates of illness compared with other areas across the state. As a former emergency room physician, I'm all too familiar with the toll that lack of access to primary care takes on vulnerable populations. Additionally, my corporate experience enabled me to see the potential in applying principles of business process improvement for healthcare reform. I'm pleased and proud to have joined the Trenton Health Team in its quest to develop approaches that can restore Trenton to health and then serve as a model for other, similarly challenged urban areas.

Like most cities, Trenton has a significantly marginalized population. Data from 2010 show that 36.3 percent of Trenton's total population lives below 200 percent of the federal poverty level. The child poverty rate is 32.6 percent. Almost a quarter of the city's residents have no health-care coverage, and significant numbers are underinsured. This population has been overlooked, underserved, and essentially invisible.

The underprivileged of Trenton suffer from high rates of diabetes, hypertension, and obesity. Trenton's rate of violent crime in 2010 was 4.5 times higher than in New Jersey as a whole. The city's most destitute can face additional problems such as chronic homelessness, substance abuse, and mental health issues. The system has failed Trenton's vulnerable populations. And the healthcare system has failed to provide quality care for them while costing hundreds of millions of dollars each year to perpetuate these failures.

But there is hope for the city of Trenton. When federal healthcare reforms were enacted in 2010, Trenton's major healthcare organizations had already been working together for four years to improve healthcare delivery. At the point when the U.S. Supreme Court upheld those reforms a few weeks ago, THT was already on the cusp of doing what many others have only just begun talking about.

This past year, THT has made significant progress in redefining its approach to care with the following triple aim: better health, better outcomes, and lower costs. We are developing a medical-home model of healthcare for Trenton with organizational practices we hope will make for a successful Medicaid accountable care organization that can be replicated by other cities with similar needs. We're engaging residents and teaching them both how to care for themselves and why primary care is usually their best option for getting well and staying healthy. Simultaneously, we're making it easier for them to access those primary care services. Many now have designated caregivers who can get to know them and who can help us coordinate their care as needed across our providers of healthcare and social services. We're creating a single electronic system for sharing information in real time so we can give patients appropriate care without duplicating services. As a result, quality of care is improving, and costs are going down.

We're making progress in our quest not just to change the lives of Trenton residents but also to communicate our successes and challenges in order to help other cities. We want to help translate the tenets of healthcare reform into scalable practices that give vulnerable populations a new chance to lead healthy lives within a holistic, sustainable system.

**Ruth E. Perry, M.D.**  
*Executive Director*  
*Trenton Health Team*



## Trenton Health Team

# 2012: A Year of Significant Progress

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### **P**artnership among major healthcare providers gets stronger, more effective

- ◆ Collaboration is replacing competition for the city's major healthcare providers
- ◆ St. Francis Medical Center, Capital Health, Henry J. Austin Health Center and Trenton Health Department signed business associate agreements with THT
- ◆ Virtually all community groups joined THT Community Advisory Board
- ◆ THT filed for 501c3 non-profit status; approval expected this fall

### **Access to healthcare is increasing for those most in need**

- ◆ Patient wait times reduced across the board, most notably Henry J. Austin from 37 days to 2
- ◆ St. Francis improved patient provider continuity from 0% to greater than 95%
- ◆ THT applied business principles to pinpoint optimal physician/patient ratio to develop approach to reduce wait times
- ◆ Member organizations adopted medical home model to offer same-day access to care, to coordinate care, and to engage and support patients in navigating the healthcare system

### **Program to coordinate clinical care community-wide for highest utilizers of Emergency Rooms (ER) - to more effectively help poorest and sickest while also reducing health care costs - is well underway**

- ◆ Hospitals analyzed data to identify highest ER users
- ◆ All healthcare and social service providers meet regularly to review high user needs - patient by patient
- ◆ Providers are determining the best comprehensive care approach for each patient and assigning teams to deliver the care
- ◆ Early data shows CH already reduced ER utilization by 61.1%; SFMC by 30.3%; further reductions anticipated

### **THT is actively engaging residents to become partners**

- ◆ THT is undertaking a health needs assessment throughout the city
- ◆ Three-year retroactive data analysis of the city's hospital and clinic experiences was just completed; data is being scrubbed for accuracy
- ◆ Community Advisory Board members have agreed to share their data
- ◆ THT contracted with People Improving Communities through Organizing (PICO NJ) to organize community in THT service area
- ◆ PICO NJ, Kingsbury Health Team interviewed 150 residents, conducted 145 health surveys, hosted community forums to ID health care challenges and barriers to care
- ◆ Kingsbury resident leaders self-identified, train-the-trainer programs are underway, pounds of those suffering diabetes, obesity are being shed, blood pressure counts are dropping

### **THT launched an information technology project to share patient information among all providers in real time**

- ◆ THT is building a health information network to make patient records immediately accessible.

### **THT is laying groundwork to become one of NJ's first Medicaid Accountable Care Organizations**

- ◆ THT issued Statement of Intention to participate
- ◆ THT signed Memorandum of Understanding with Applied Health Strategies to develop business model for ACO
- ◆ THT's data-driven approach to improve care while reducing costs is consciously being designed for replication throughout the city and beyond





# Trenton Health Team

## Overview

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### Overview

**F**ormally incorporated in 2010, the Trenton Health Team (THT)—the first transformative collaboration of hospitals, physicians, nurses, and other healthcare providers and social service agencies ever in New Jersey’s capital city—has introduced innovative approaches to healthcare where they are desperately needed. By forging partnerships, creating new educational pathways, and engaging city residents in creative ways, the Trenton Health Team is transforming healthcare for those residents. Its goal is to expand access to high-quality, coordinated care and make Trenton the healthiest city in the state.

Mary O’Dowd, commissioner of the N.J. Department of Health, has described the Trenton Health Team’s “innovative collaboration” as follows: “Leaders from the St. Francis Medical Center, Capital Health System, the Henry J. Austin Health Center, the City Health Department, and social service organizations meet as a team to share data and discuss how to better manage patients with complex medical and social needs. They are giving a medical home and supportive housing to the homeless and patients with behavioral health needs who frequently used emergency rooms. They are increasing efforts by clinics to have a single health care professional assigned to better manage their chronic disease. They are providing same-day access to primary care providers and they are reducing reliance on hospital emergency rooms, which reduces health care costs.”

Since its inception in 2006, the core team has grown to include other healthcare providers and most of the city’s social service agencies. According to THT Executive Director Ruth E. Perry, M.D., THT is targeting barriers that prevent effective and coordinated healthcare delivery to the city’s poorest and sickest residents.

### Road to Restoring Health in Trenton

“Trenton has a large minority population, and 35 percent live at or below the federal poverty level. Many are underinsured, uninsured, and frequently homeless. Our mission is to improve the health of all city residents, and in particular, the most vulnerable,” Dr. Perry said. The statistics offer a bleak picture: 39 percent of residents are obese, 31 percent have high blood pressure, and 16 percent have diabetes. For years, the healthcare community has known that the healthcare system needs transformation and that no one individual or organization can do it alone.

Six years ago, a report commissioned by the mayor of Trenton and developed by the Katz Consulting Group conceived the Trenton Health Team. That seminal document called for providers to work together to transform the city’s fragmented primary-care delivery system. It responded to comparisons with neighbors in Mercer County and across the state. Trenton residents had higher rates of serious chronic illnesses, and only about half were using the city’s clinics for primary healthcare. In addition, the residents were using emergency rooms 54 percent more often than the national average, resulting in overloaded emergency rooms and residents seeking preventative care in the emergency rooms. Healthcare costs were sky-high and healthcare quality and outcomes too low. The report suggested developing a more personalized health care model by improving continuity of care, expansion of access to care, and better efficiency through collaboration.

(cont’d. on page 9)

## Trenton Demographics

### Statistics Demonstrate Residents' Needs for Better Healthcare

Profile Characteristic	Trenton	Mercer
Racial Makeup - African American	52.0%	20.3%
Racial Makeup - Hispanic/Latino	33.7%	15.1%
Unemployment Rate	12.1%	7.6%
Child Poverty Rate	33%	11.9%
No Health Coverage	23%	14%
High School Graduation Rate	76.5%	83%
No Prenatal Care	3.0%	1.3%
Hypertension	31%	27.2%
Diabetes	16%	6.8%
Obesity	39%	19.7%

Trenton Zip Code	Total Population	Population Below 200% FPL	Percent Population Below 200% FPL
08608	1,233	930	75.4
08609	15,521	7,282	46.9
08611	23,666	10,459	44.2
08618	36,916	13,208	35.8
08638	26,193	7,016	26.8
08629	10,639	2,607	24.5
<b>THT Population</b>	<b>114,168</b>	<b>41,502</b>	<b>36.3%</b>

"Your zip code is more important than your genetic code."

- Risa Lavizzo-Mourey  
President  
Robert Wood Johnson Foundation

## Trenton Health Team Offers Solutions to Health Disparities

Demographics can serve as indicators of health and well being of residents of a geographic area. In Trenton's case, they show an impoverished city whose residents face significant socioeconomic and health challenges. Premature deaths, for example, are more likely explained by social circumstances, environmental conditions, behaviors and factors like education, race, ethnicity and income than by health conditions alone. As the president of the Robert Wood Johnson Foundation, Risa Lavizzo-Mourey, frequently says, "Your zip code is more important than your genetic code."

Recognizing the impact socio-economic factors like homelessness, poverty, unemployment, mental illness and drug addiction have on access to healthcare is crucial, according to Mary O'Dowd, commissioner of the N.J. Department of Health.

M. Carolyn Daniels, D.H.Sc., executive director of the New Jersey Department of Health's Office of Minority and Multicultural Health, points out that "(m)inority populations suffer from chronic illnesses at a higher prevalence and disproportionately when compared to their white counterparts. That is why the work of the THT is crucially important for the racial and ethnic minority community communities in Trenton."

The Trenton Health Team's approach takes into consideration all aspects that can affect a person's health. That's the start of a process to address healthcare problems for the individual and for the city's population as a whole.

"We focus on the individual and on the population as a whole simultaneously."

- James Brownlee  
*Director of Health &  
Human Services and Health  
Officer, City of Trenton;  
Member, THT Executive  
Committee*







## Trenton Health Team Overview (cont'd.)

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### A Holistic Model for Reforming Healthcare

The Trenton Health Team formed with the intent to reform healthcare by establishing just such a holistic model. THT's plan to transition to that new model is based on five strategic initiatives:

- ◆ Expansion of access to primary care
- ◆ Coordination of community-wide clinical care for those seeking primary care in the emergency room by targeting high utilizers of hospital services
- ◆ Engagement of residents in a concerted effort to understand and overcome obstacles to quality healthcare
- ◆ Sharing of information among healthcare providers through a health information exchange
- ◆ Laying of the groundwork to become a Medicaid Accountable Care Organization (ACO)

"We focus on the individual and on the population as a whole simultaneously," said James Brownlee, M.P.H., Director of Health & Human Services/Health Officer of the city of Trenton and a member of the THT Executive Committee. The goal is to make sure all residents have access to high-quality, effective care so each individual benefits. Along the way, systemic changes will be monitored and evaluated so the approaches that work can be replicated.

Using a data-driven approach, THT is working intensely with the many community groups whose missions are to overcome the various issues that challenge residents of New Jersey's capital city, including homelessness; lack of availability of fresh, healthy food choices; mental health problems; crime; and poverty. Nonprofit and other community groups have pledged their cooperation, promising commitment to the collaboration, and declaring willingness to change healthcare outcomes, one person at a time. Not only have member organizations signed on, but THT is calling on individuals served to sign the covenants as well. Each signer also identifies a top personal health goal. Signing effectively empowers the individuals to become engaged and take personal responsibility to become healthier and better advocates for themselves.

Collaboration among the groups is resulting in much-more-robust sharing of information, thereby enabling healthcare providers to get more-accurate pictures of individuals' and the city's health needs. Data from the health needs assessments helps pinpoint gaps and barriers to service, helps lead to an understanding of the social determinants of health and how they affect the community, and helps identify ways of improving the delivery of preventative and treatment services. The success of this approach in Trenton will have implications throughout the state and the nation as urban areas work to improve healthcare and rein in spending.

### Transformation is Under Way

In April 2011, the THT Executive Board hired Ruth Perry as its first executive director. A former emergency room physician, Dr. Perry had also spent many years overseeing environmental, health, and product safety at a Fortune 500 manufacturing company. The Executive Board reasoned that a strong medical background such as Dr. Perry's, combined with the political savvy to survive and thrive in the corporate world, was just what was needed to jump-start the new collective. Another characteristic critical in a new executive director was the passion to make a difference. Dr. Perry fit the bill.

Since Dr. Perry began leading THT, the organization has taken important steps toward transforming healthcare. It has reduced wait times to see clinicians. It is building an information technology system for sharing health information among all healthcare providers. And it is identifying high utilizers of hospital emergency rooms and providing them with more-effective care. It is also working with the city's active social service network. This type of integrated care coordination will help THT track and improve health outcomes.

"We are giving residents hope," said Christy Stephenson, R.N., M.B.A., president of the THT Executive Board and executive vice president of strategic and clinical transformation at St. Francis Medical Center. "We are reaching out to the residents we serve, seeking their input, and inviting them to become partners with us to break down the barriers to good health."



## Trenton Health Team Overview (cont'd.)

### Holistic Approach to Healthcare: Mr. C's Story

THT is making sense out of a healthcare system not unlike others throughout the United States, which traditionally pay top dollar for providers to tackle specific health conditions but all too frequently overlook the big-picture aspects of a person's life that are crucial to maintaining good health.

The positive impact of a holistic approach to healthcare is exemplified by Mr. C. He was a frequent patient in the emergency room and clinics, with 64 unplanned visits and six hospitalizations in 2010. One of the in-patient hospitalizations was a month-long stay in the intensive care unit. Peg Nucero, D.N.P., a nurse practitioner in St. Francis' comprehensive care program and part of THT, began working with Mr. C. When Nucero met Mr. C., he was struggling with multiple health issues. In addition to being a dialysis patient for renal failure, he had diabetes and was recovering from cancer. Mr. C had difficulty sitting through his dialysis treatments and often left before they were completed. Nucero discovered that Mr. C had a remarkable artistic talent and she brought him art supplies and encouraged him to draw during dialysis. It helped him relax and get through his lengthy dialysis sessions. The change in Mr. C was dramatic. Nucero looked at all aspects of Mr. C's life to see how he could be helped more effectively. She asked a pivotal question: What did he like to do? "I like to draw," he answered.

That willingness to look beyond a patient's medical problem proved to be exactly what the man needed. Nucero brought him drawing materials that helped him get through dialysis. Soon he was painting art deco works; the Nicholson Foundation of Newark bought one of his paintings. Since January 2011, Mr. C had one unplanned emergency room visit, and he may soon qualify for a renal transplant. He hopes to earn a high school general equivalency diploma and then go to art school. "They transformed my life," Mr. C said.



*Painting this colorful piece of art helped Mr. C get through dialysis sessions.*

Through its work, the Trenton Health Team is laying the groundwork to become one of the nation's first Medicaid Accountable Care Organizations, providing Medicaid patients with a cost-effective pathway to health. ACOs are set up by healthcare providers working together to offer better, more-coordinated, and more-affordable care. This new type of healthcare model was spawned by the national healthcare reform that THT is embracing as a way to improve delivery of preventative and treatment services.

"We hope the Trenton Health Team will be a model for the nation," said Dr. Perry. "We focus the care on the individual, and we coordinate care after discharge from the hospital. We are reducing costs and improving health outcomes."

## Overview (cont'd.)

Jeffrey Brenner, M.D., nationally recognized leader of this more personalized approach, agrees with Dr. Perry. Dr. Brenner, founder and executive director of the Camden Coalition of Healthcare Providers, said: “The Trenton Health Team is at the leading edge of reinventing healthcare. Right now, across the nation, people in healthcare are paid by volume. The more cutting, scanning, and zapping they do the more money they make. This has to change.” When physicians take a volume-based approach to treating patients, lifestyle factors that could present alternative treatment options can get overlooked, he said. For example, if a patient’s health problem can be managed with changes in diet, then working on nutrition with the patient might take more time to get results, but it could also be more cost-effective and less invasive than a series of medical procedures.

“All too frequently, those in healthcare equate quality with glitz. We think the fastest, most expensive CAT scan, for example, is always the best way to go,” agreed Robert Remstein, D.O., vice president of medical affairs at Capital Health and THT president-elect who will take over the helm from Stephenson this coming fall. “But our attitudes are changing, and I believe we are on the precipice of doing some really good things.”

“THT is lining up capacity; it’s lining up data. We are at the tipping point, with THT in the vanguard,” Dr. Brenner predicted.

M. Carolyn Daniels, D.H.Sc., executive director of the New Jersey Department of Health’s Office of Minority and Multicultural Health, stressed the importance of the Trenton Health Team’s focus on the broader factors affecting health. “THT’s approach, which looks at both the health of the individual and social factors, is important and unique for many reasons,” she said. “We know that obstacles to health certainly include race and ethnicity. We also know that other determinants influence health outcomes. Where one lives, housing, education, food security, jobs, transportation, and of course healthcare all play roles. Public health for Trenton residents will continue to improve as long as collaborative efforts like the Trenton Health Team’s continue. Things can only get better.”

“THT is lining up capacity; it’s lining up data. We are at the tipping point, with THT in the vanguard.”

- Jeffrey Brenner, M.D.  
Founder and Executive Director,  
Camden Coalition of Healthcare Providers

*Learning how to use medical devices, such as a glucometer, a medical device for determining the approximate concentration of glucose in the blood, helps patients monitor their health and take corrective actions, as necessary.*





## Public Health Services Are a THT Priority

### Through teamwork city restores services

The City of Trenton's Department of Health and Human Services is bringing itself back into compliance with all state mandates as a result of its collaboration with the Trenton Health Team.

Jim Brownlee, the city's Director of Health and Human Services and Health Officer, and community leaders said the collaboration with the Trenton Health Team has enabled the City to fulfill its obligations to residents, many of whom are poor and uninsured, despite repeated municipal budget cutbacks. This collaboration has helped restore services such as tuberculosis testing and treatment, health care for pregnant women, new mothers, infants and preschool children, with particular emphasis on poor and uninsured families, to city residents. In addition, the city has plans to open clinics providing adult and pediatric services in the next year with the support of the Trenton Health Team.

The Trenton Health Team is working together with the city to provide services, reduce costs, improve health outcomes, and make a difference in people's lives.

*Jeanette Oliveras, B.S.N. and R.N., and Madeline Oliveras, B.S.N. and R.N., both public health nurses working for the City of Trenton's Department of Health and Human Services, meet with Andrew Kofi at his tailor shop in Trenton. Mr. Kofi suffers with ongoing medical issues and the nurses visit to check on him. During a recent visit, Mr. Kofi's blood pressure is elevated and they become concerned, advising him to visit the clinic for a full evaluation.*





## Part 2:

# Five Strategic Initiatives

### 1 Expansion of Access to Primary Care

Healthcare in Trenton is managed largely through seven medical clinics, run by Henry J. Austin, Capital Health, St. Francis, and the city, as well as the few primary care physicians still practicing in Trenton. Those entities provide services annually for more than 17,000 people. Although patients in the six ZIP codes THT serves—08608, 08609, 08611, 08618, 08629, and 08638—experience higher-than-average rates of hypertension, diabetes, obesity, cancer, and HIV/AIDS, they have had less access to healthcare than those living in other parts of New Jersey.

In the past, patients frequently had to wait a month or more to see a doctor, and as a result, they often turned to the city hospitals' emergency rooms for care.

THT has worked with the hospitals and clinics to change that by using a care model developed by Mark Murray, M.D., M.P.A., a California-based consultant who focused on medical office practices. Dr. Murray's model used data to determine the optimal number of patients each physician in the city's seven clinics could reasonably handle while ensuring the physician also had time available for patients who needed same-day visits. In the new approach, all patients also are assigned their own doctors.

Since the Trenton clinics implemented the new model a year ago, wait times have dropped and patients have obtained consistency of care by seeing the same physician. When a healthcare provider or team is familiar with patients and their health issues, the visits are shorter. "You're not starting over at the very beginning each time," said Stephenson. "There's a higher degree of knowledge and engagement. The visit is more efficient, and there is a higher-quality outcome."

*Dr. Abigail Rose examines the leg of patient Mark Jacob*



At Henry J. Austin, after implementing Dr. Murray's model, the wait for an appointment went from 37 days to 2 for established patients. "First, we engaged our staff in this effort, explaining that the transition would take time and extra work. Everyone was committed and enthusiastic because all understood the importance of the change," said Kemi Alli, M.D., FAAP, Austin's medical director.





Prior to adopting Dr. Murray's approach at St. Francis Medical Center, the clinic's patients did not have appointment times with specific providers and the wait time to see the doctor was very long. Working with Dr. Murray, St. Francis Medical Center created a faculty led panel of physicians to care for our clinic patients. Stephenson said, "Now we have scheduled appointments and patients see a provider who is familiar with them."

In fact, we now offer same day appointments. The continuity of this team-based model has resulted in happier patients, a better experience for the physicians, and we've raised the standard of care."

Reducing wait times is one of several aspects of THT's efforts to expand care, Dr. Alli said. Coordinating care and helping patients navigate the system are also critical parts of what she describes as the medical home system that THT and its member organizations embrace. "It's all about patient engagement," she said. "Now we ask, Do you understand? Are you comfortable?" Teams of doctors and nurses work together rather than individual caregivers' working solo with patients. "This is a 180-degree change for the system that previously minimized the number of caregivers involved."

The Community-wide Clinical Care Coordination Team (C4T) is composed of physicians, case managers, nurses, and social workers from the THT partners, as well as representatives of community behavioral health and social service agencies. THT takes a holistic approach in looking at recurring users of emergency rooms. Team members focus on patients who are frequently readmitted for congestive heart failure, mental health disorders, and diabetes. They know that empathy, time, and compassion sometimes are needed as much as X-rays and prescriptions are. By making frequent outreach visits to these vulnerable residents, the team can assess and then help with residents' social issues in addition to keeping tabs on chronic illnesses. They are better able to see what is needed to keep these patients well.

"Helping a person navigate through the system, visiting the home, and making sure appointments are made is how we are connecting people to the care they need," said Dr. Perry.

Robert Remstein leads the C4T. It brings together the case managers and the clinical staff from the hospitals, Henry J. Austin, and community partners, such as Mercer Alliance to End Homelessness, Greater Trenton Behavioral Health, Catholic Charities, and the Rescue Mission of Trenton, to coordinate and connect individuals to care in the community. These efforts have been successful in reducing non-emergent visits to the emergency departments of St. Francis and Capital Health System. Dr. Remstein said, "It's the first time in my professional career when what have been competitive entities align around the needs of individuals. This unprecedented level of cooperation benefits everyone."

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### Community-wide Clinical Care Coordination

Often, patients who frequent hospital emergency rooms are seeking care that is non-emergent. Sometimes individuals need a primary care provider and/or some assistance in resolving social concerns such as homelessness, substance abuse, or behavioral health issues.

THT and its member organizations embrace the medical home system where teams of doctors and nurses work together rather than individual caregivers' working solo with patients. "This is a 180-degree change for the system that previously minimized the number of caregivers involved."

- Kemi Alli, M.D.  
*Henry J. Austin's Medical Director*



## Peg Nucero

### **Nurse practitioner treats the whole patient, not just the disease**

From her work at the hospital and in the emergency room to her volunteer efforts in the Trenton community, Peg Nucero has dedicated her nursing career and much of her spare time to working with patients whose primary form of healthcare is the ER. "An emergency room is really for an emergency—a major health issue that needs to be taken care of," said Nucero. When people come to the ER for minor health problems, they often don't receive the necessary follow-up care that would prevent those problems from eventually becoming emergencies, she said.

Nucero is leading a Trenton Health Team effort to develop a comprehensive care model that keeps patients out of the emergency room by treating the whole patient -- not just the disease. "It's not just going to be their high blood sugar or their hypertension that needs attention. It's going to be their psychosocial needs; if they have issues related to medications, they can't afford them, or they need some housing," said Nucero. "You have to address all those pieces of that person in order for that person to get well. You just cannot give them a script and send them on their way."

She has gotten to know each of the 55 patients served by the THT Community-Wide Clinical Care Coordination Team and works to help them move toward a healthier life, one step at a time. This could mean anything from collaborating with a patient's social worker to teaching patients about high blood pressure. "I just love it. I don't get tired. It's not a job," said Nucero, a St. Francis Medical Center nurse practitioner.





## Trenton Health Team

### 5 Strategic Initiatives (cont'd.)

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## Engagement of Residents

For many Trenton residents, homelessness, poverty, insufficient access to routine healthcare, and concern for safety are just some of the barriers to healthier lives. Understanding all of the barriers is key to helping residents obtain better healthcare.

THT has partnered with almost 40 Trenton based organizations to create one, unified community health needs assessment. Representatives from these organizations form THT's Community Advisory Board. To get a better picture of the needs of the community, THT contracted with a faith-based group, People Improving Communities through Organizing (PICO NJ). THT has engaged PICO NJ to hear the voice of the residents of Trenton. PICO NJ is having one on one discussions, holding forums with multiple community groups, and reporting their findings back to the Community Advisory Board. Some of this work has started at Kingsbury Towers. When about 40 people came to an introductory session in February 2012 to talk about their health, Kingsbury Towers, the home of 600 people who receive Medicare and Medicaid support, was the first population cluster THT focused on. Many of the Kingsbury residents are among the most vulnerable and have multiple health issues, resulting in frequent use of health care services. "The Kingsbury residents have felt like invisible people," said Gregory Williams, D. Min., a community organizer for PICO NJ and at Turning Point United Methodist Church in downtown Trenton. The efforts at Kingsbury change that feeling and would give rise to a core group calling itself the Kingsbury Health Team.

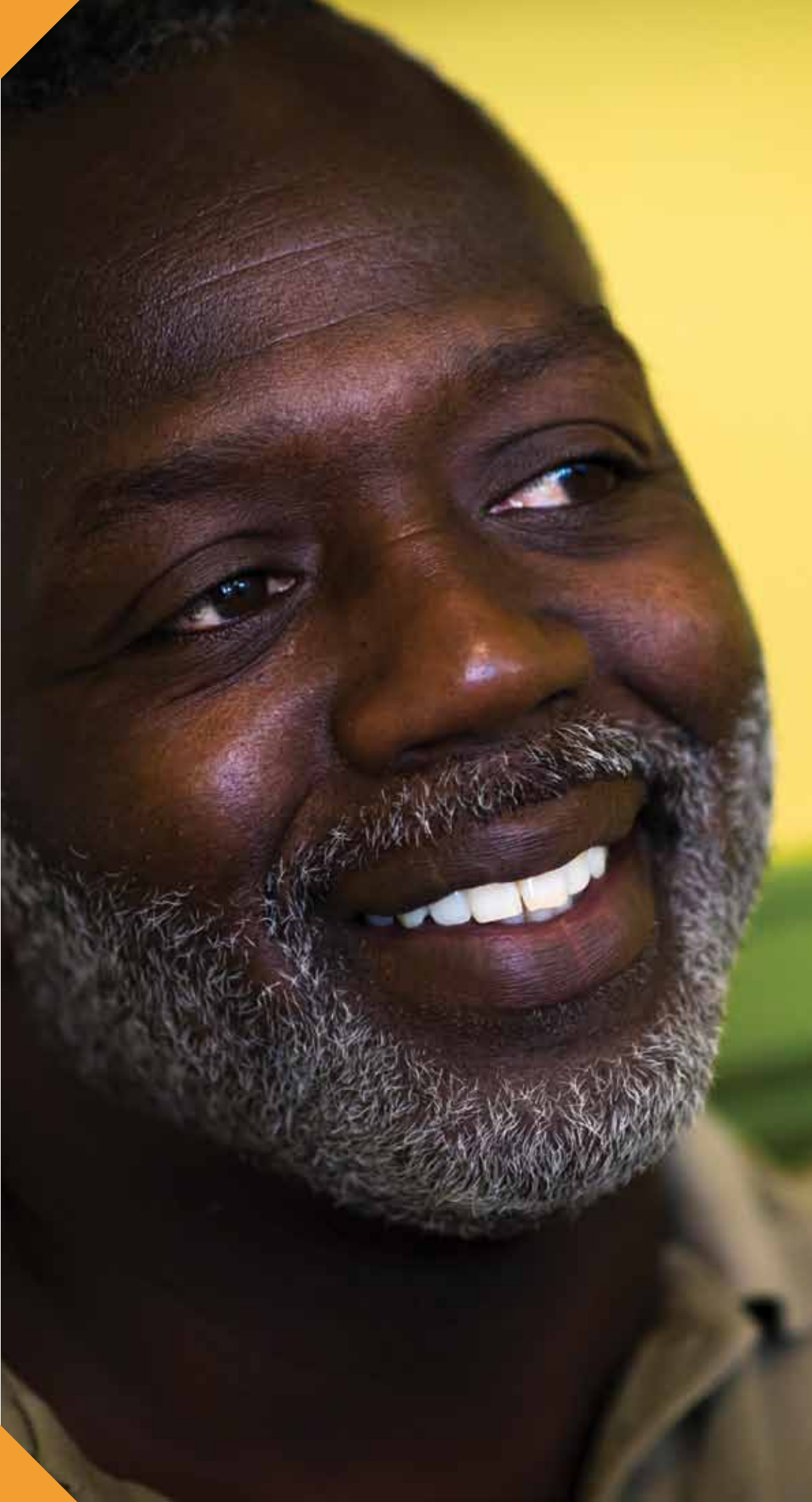
The Kingsbury Health Team, with the help of PICO NJ and THT, identified barriers to health and developed new partnerships and strategies. The team developed its own survey, with the assistance of PICO NJ, and 137 residents completed it. The findings were that many people were struggling with out-of-control diabetes, did not know how to eat in a healthy way, and felt disconnected from their healthcare providers. Their nutrition was poor; many suffer from depression; and they don't understand how or why to take their medications. THT and PICO NJ also discovered how enthusiastic the residents are to learn how to better take care of themselves and their neighbors.

Longtime residents Rosalyn Anderson, Zoraida Carmona, and Steven Stewart are regulars on the Kingsbury Health Team who attend a weekly class to learn more about topics related to their health. "I have been a resident of Kingsbury Towers for over 20 years and am used to ambulances coming here three, four times a week," said Stewart. "We deserve to be healthy. I joined the Kingsbury Health Team to make sure we can make our community a healthier place."

Over the past several months, the residents have built up their knowledge about diabetes, learning not only how to use a glucose monitor to measure their glucose levels but also why. They have asked for nutrition education, and they welcome the opportunity to become leaders in their Kingsbury community. Members of the core group recently began attending train-the-trainer sessions run by nurse practitioner Nucero and others so they can begin helping their neighbors learn about health. "Now they feel they've been seen, heard, respected," said Dr. Williams. "They no longer feel invisible."

*Zoraida Carmona, a leader with the Kingsbury Health Team, helps herself and others get healthier.*





Dr. Gregory Williams

## **Community organizer helps those abandoned by the system**

Gregory Williams, D., Min., director of Turning Point Methodist Church's health ministry and outreach program, could dwell on how he has transformed his own life in the past. But as a community organizer and advocate for society's underserved, he would rather focus on how he helps to transform the lives of others - now and in the future. Through his work with the faith-based community organization PICO (People Improving Communities through Organizing), the Trenton Health Team, and the Turning Point Methodist Church, Dr. Williams is having a transformational impact, nourishing both the bodies and the souls of Trenton's residents, particularly those living in the low-income housing project Kingsbury Towers.

Dr. Williams grew up in Brooklyn's Bedford Stuyvesant neighborhood, where he experienced repeated domestic violence. He was determined to change his life. He excelled in high school and graduated from University of Maryland Baltimore County with a major in economics and African American studies. For two decades, he worked in the corporate world as a health care reimbursement specialist.

But then, in 2003, he had an epiphany. He enrolled in the doctoral program in Urban Ministry at the New Brunswick Theological Seminary and decided to devote his life to helping disenfranchised individuals in urban areas who had been abandoned by the system.

A Trenton resident since 2007, he served as director of the men's ministry at Shiloh Baptist Church. Earlier he worked closely with the much acclaimed and revered Rev. Buster Soaries of New Brunswick, who provided Dr. Williams with an on-the-ground education in church politics and community development. Armed with both his academic and real-world education, combined with his compelling life story, Dr. Williams has created an invaluable niche for himself as someone who serves the community selflessly and completely.



# 4

## Health Information Exchange

Trenton residents who go between hospitals and clinics have generally been treated without the advantage of a detailed medical history. Their medical records have not been readily accessible between organizations. As a result, providers have lacked information on a patient's long-term health issues and on tests and treatments previously administered. Establishing a health information exchange that pulls together data from various healthcare agencies and makes it accessible to all is a critical goal if Trenton residents are to receive appropriate, cost-effective care, Dr. Perry said.

THT is building a shared, computerized database of patient records. The system is slated to be operational this year. The information hub is expected to result in improved care of the chronically ill while controlling costs by avoiding costly duplication of services. The electronic database will enable doctors to see lab results, radiology reports, emergency room records, prescribed medications, and discharge information for the patients of each of the city's healthcare providers.

"By having a health information exchange, doctors can see, for example, that just weeks ago, a patient had, say, a cardiac catheterization, and they can see tests and results. That way, they won't be duplicating any of that. The system will give doctors important information to enable them to provide the appropriate level of care," Dr. Perry said.

Increasing access to crucial medical information, Brownlee added, is important to improving health outcomes and ensuring patients receive personalized, patient-centered care. "Our emergency departments can share information in real time, leading to better healthcare for patients," he said.

"Helping a person navigate through the system, visiting the home, making sure appointments are made – the personal attention and case management wrapped in one – that's what changes the habits of high utilizers of emergency rooms."

- Ruth Perry, M.D.  
*Executive Director, Trenton Health Team*



## Rosalyn Anderson

### **From fast food to leadership in healthy living**

When Rosalyn Anderson found out she had diabetes, she was shocked. She'd planned to go to lunch with her godmother at a fast food restaurant but instead found herself in the hospital for seven days because her blood sugar level was over 700.

"I know I didn't get McDonalds," said Anderson, 51, the mother of two grown children and grandmother to six. In addition to diabetes, Anderson has asthma, high blood pressure, arthritis and high cholesterol. She's taking eight medications and was extremely worried about her health, not only for her own sake, but because she has custody of her 8-year-old granddaughter, Dynasty.

"I take her to school and make sure she's healthy," said Anderson. "She gets all A's every marking period," she added, proudly.

Now that Anderson, a resident of Kingsbury Towers in Trenton, is working with the Trenton Health Team, she's learning how to manage her diabetes and other health problems. She also hopes to help others.

Before getting involved with the Trenton Health Team, Anderson would see different doctors at a clinic. Now she's extremely pleased with Peg Nucero, the nurse practitioner who's working with her.

"I trust her with my whole life," she said. She can talk to Nucero about anything and, "She'll give you her opinion."





# 5

## Medicaid Accountable Care Organization

With the passage of the Medicaid ACO legislation last year, New Jersey now has the opportunity to alter the way people—in particular, low-income people in urban communities—receive healthcare. In New Jersey, the idea of Medicaid ACOs makes sense because of the state's fragmented provider, hospital, and payer marketplace. Medicaid patients are highly concentrated in low-income urban areas in New Jersey, with a high percentage covered by government-sponsored health plans that will make implementation of an all-payer ACO model easier. The aim is to change funding so that care providers treat people, not ailments. Financial incentives are awarded for keeping people well. The legislation, sponsored by Sen. Joseph F. Vitale (D, District 19) and signed into law by Gov. Chris Christie, allows healthcare coalitions to apply to become Medicaid ACOs.

The new law authorizes a three-year Medicaid ACO demonstration project in which community-based, nonprofit coalitions can apply to the state to become Medicaid ACOs. Applicants must propose a geographic focus and must have (1) participation by 100 percent of acute-care hospitals, (2) participation by 75 percent of primary care providers, (3) participation by two behavioral health providers, and (4) two community residents from that geography on the board of the organization. The providers in the community will continue receiving their usual Medicaid payments, and the ACO is eligible to receive shared-savings payments that can be distributed to participants based on a proposed gain-sharing plan.

With generous support by The Nicholson Foundation, THT is building the infrastructure to be in the Medicaid ACO demonstration project. While the New Jersey Department of Health and Human Services drafts regulations for the law, THT is taking preliminary steps to qualify as a Medicaid ACO. Among its many activities is the completion of a retroactive data analysis, which shows how much Medicaid provides on an annual basis to care for Trenton's poor and sick. The goal through the new approach is to reduce costs dramatically while equally dramatically improving care.

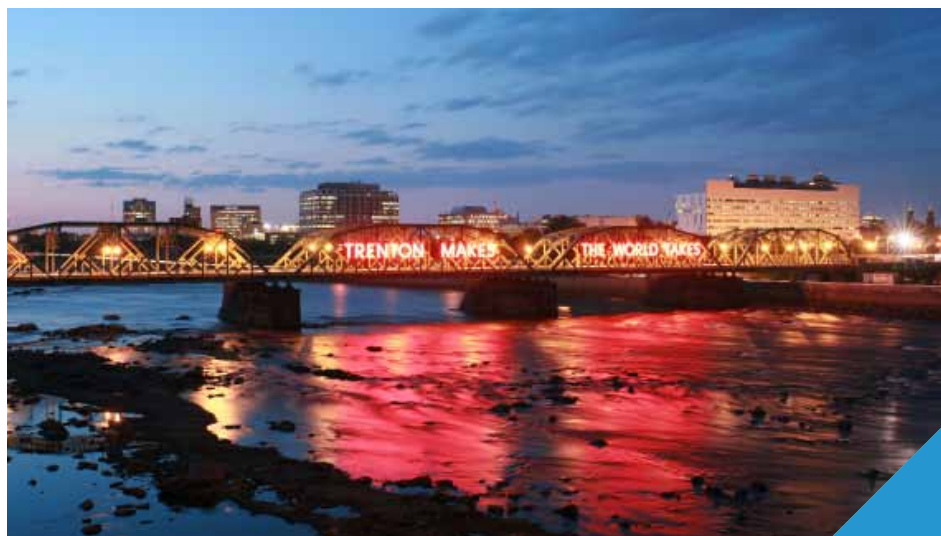
As a Medicaid ACO, THT and all of its community partners are committed to achieving THT's Triple Aim: better health, better outcomes, and lower costs.

Chronic diseases such as diabetes and heart disease are among the most prevalent of diseases in the United States, resulting in tremendous patient suffering and staggering healthcare costs. Both can often be reduced by educating patients about the disease, nutrition and exercise. When patients learn how a disease works and what they can do to avoid a health crisis, hope replaces feelings of helplessness.

**October 2012**

*The Lower Trenton Bridge and Skyline*

*The iconic bridge, owned since July 1, 1987 by the Delaware River Joint Toll Bridge Commission, is commonly referred to as the "Trenton Makes" bridge.*





## Trenton Health Team

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Delaram Moazami, MD, *Medical Director Adult Medical Clinic*

Saba Hasan, MD, *Program Director Internal Medicine Residency*

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Suzanne Shenk, DO, *Associate Director Internal Medicine Residency*

#### Trenton Health Team

Ruth E. Perry, M.D., *Executive Director*



## To the Trenton Community: Committee Members

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### Committee Members

#### **C4T-Sickle Cell Task Force**

##### **Office of Minority Health, State of New Jersey**

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Hospitalist Program*

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*Emergency Department*

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#### **C4T-Medicare High Risk**

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Dawn Tuminaro, *ED Social Worker*

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Quality Partners*

Sherry Marcantonio, MSW

##### **Henry J. Austin**

Kemi Alli, MD, *Chief Medical Officer*

##### **Health Quality Institute**

David Knowlton, *CEO and President*

##### **Trenton Health Team**

Ruth E. Perry, MD, *Executive Director*





# Trenton Health Team Community Advisory Board

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President and Chief  
Executive Officer



Mary Gay Abbott-Young  
Chief Executive Officer



Barry Cole, PhD  
Executive Director



Elise Pivnik, Senior  
Advisor and Director,  
Environmental Health



Cheryl Davis  
Program Supervisor



Herb Levine  
Executive Director



Floyd Morris  
CEO and President



JoAnne Ruden  
President and Chief  
Executive Officer



Rev. Brian McCormick  
Executive Director



Dennis Micai  
Executive Director



Donna Pressma  
Chief Executive Officer



Debby D'Arcangelo  
President and CEO



Joseph Fleming  
Executive Director



Jerome Harris,  
COO Shiloh Community  
Development Corporation

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Director of Social  
Services



Carolyn Daniels, DHSC  
Director



Kathy McBride  
President, City Council



Mary Grace Billek  
Director



Frank Cirillo  
Executive Director

## Academia



Barbara George Johnson  
Executive Director



Robin Walton  
Director of Government  
and Community Affairs



William Amadio, PhD  
Professor, Information Systems

## Faith Communities

### Concerned Pastors

Dr. Lucy Guzman  
Liaison



Rev. Rene John  
Dean

### Shiloh Baptist Church

Rev. Darrell L. Armstrong



Bishop Felton May

## Primary Care Centers



Christy Stephenson, RN, MBA, EVP Strategic Transformation  
Russ Hansel, Director Outreach/Ministries



Robert Remstein, DO, MBA  
VP Medical Affairs



Kemi Alli, MD  
Chief Medical Officer



Vedat Obuz, MD



Vince Pappacio  
COO

## Community Residents

Phil Prassas – Resident

Delores Baker – Resident

Cameron Hunt – Resident





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