

SNI Webinar

Camden Coalition Presents

The 7 Day Pledge

Wednesday, August 7, 2019
11:00am to 12pm

[Recording link](#)

Agenda

Time	Topic	Lead(s)
3 min	Welcome, Logistics & Introductions	Kristina Mody
45 min	Camden Coalition Presents The 7 Day Pledge	Carter Wilson Natasha Dravid
10 min	Q&A	All
2 min	Wrap-up & Announcements <ul style="list-style-type: none">• Upcoming events• Post Event Survey	Kristina



Logistics



Please mute yourself! (We'll have to mute lines if there is background noise)



Please feel free to chime in for questions, and especially for the discussion



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on

[PRIMEone](#) (all PRIME entities)
[SNI Link/Care Delivery](#) (DPHs)

Intros



Carter Wilson

*Associate Director for
National Center for
Complex Health and
Social Needs,
Camden Coalition*



Natasha Dravid

*Director of Clinical
Redesign Initiative,
Camden Coalition*



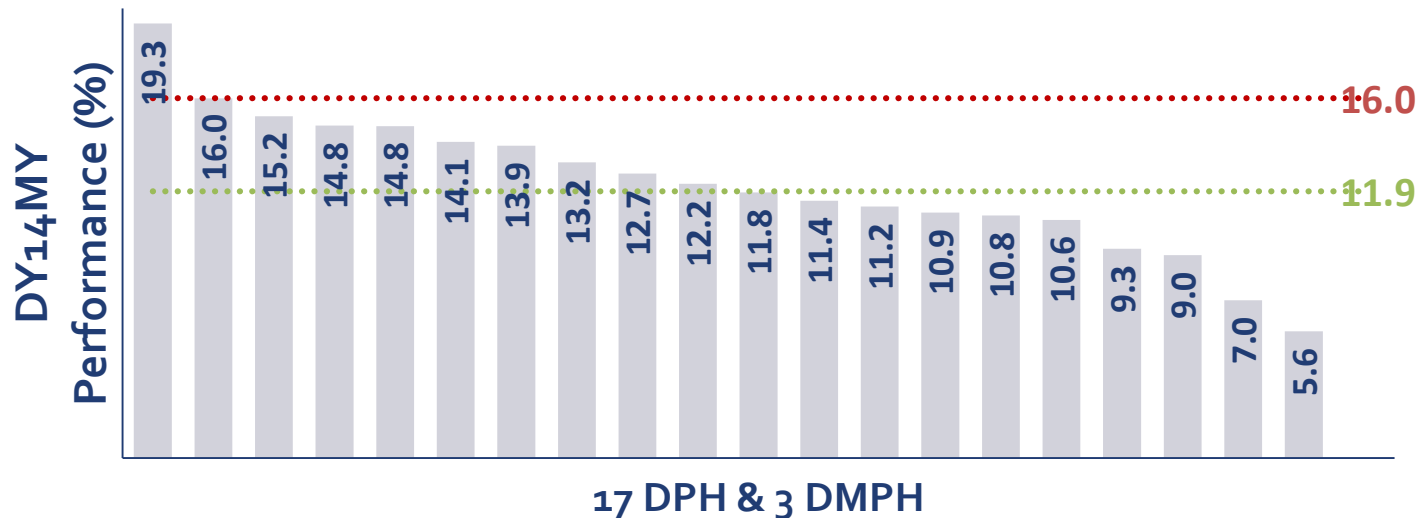
Kristina Mody

*Sr. Program
Associate, SNI*

kmody@caph.org

PRIME 2.2.1 DHCS All Cause Readmission

Measure Description: For individuals from the Project 2.2 Target Population 21 years of age and older, the number of acute inpatient stays at the PRIME Entity facility during the measurement year that were followed by an unplanned acute readmission at the PRIME Entity facility for any diagnosis within 30 days.



DY14 Mid Year data not yet approved by DHCS. DY14 benchmarks = Red & green horizontal lines. Benchmarks & performance rounded to nearest tenth.

PRIME Progress

What's working

- Warm handoff, “fond farewell”
- Risk assessment
- Actionable data
- Cross-disciplinary teams

What's hard

- Coordinating care
- Complex patient needs, including SDOH

Camden Coalition Presents The 7 Day Pledge

Camden Coalition of Healthcare Providers



VISION

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



MISSION

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



Camden Coalition of Healthcare Providers



Camden Core Model



Connection to Primary Care



Housing First



Reentry Program



Maternal Health



Addiction Treatment



Medical-Legal Partnership



Medicaid ACO Demonstration Project



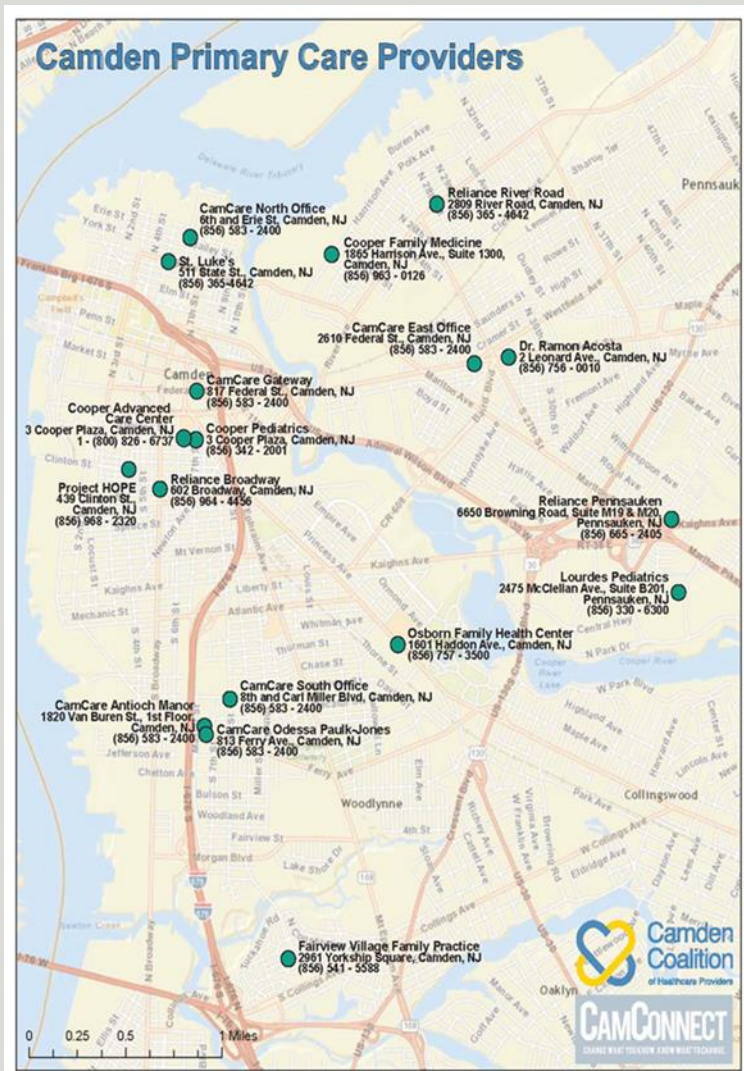
2014

MAP of NJ MEDICAID ACO APPLICATIONS

- Community model
- Participation by all hospitals & 75% of PCP
- 4+ behavioral health & addiction agencies
- Public participation
- MCO opt-in
- Gainsharing agreement



Camden Medicaid ACO



ACO Partners

- 11 practices, including 2 pediatric
- 3 hospital systems
- 2 contracts with Medicaid managed care organizations
- Behavioral and social service providers on oversight board

Patients

- 38k covered lives in a city of 78k people
- Represents 95% of Camden's resident's with Medicaid
- 40% of residents live below the federal poverty line; nearly 50% of adults do not have a high school degree; 25% of the eligible population is unemployed



7-Day Pledge - Overview

- Daily feeds of hospitalized patients
- Bedside engagement for all hospitalized patients
- Phone engagement for all ED high utilizers (discontinued)
- Practice payments for post-discharge visits
- Patient gift card and taxi voucher for PCP attendance
- Monthly scorecard review
- Quality Improvement Dinner Series
- Education and support to develop performance improvement plans
- Patient satisfaction surveys



7-Day Pledge - Activation

The 7-Day Pledge is a voluntary program. We have no authority over practices or health systems. We knew that in addition to providing supplemental reimbursement, we needed to build camaraderie in order to keep practices involved with the 7-Day Pledge.



I believe that access to high quality primary care is critical to managing and improving the health of my community.

I acknowledge that seeing my doctor within 7 days can reduce the likelihood of being readmitted to the hospital.

I pledge to do everything in my power to ensure that I, and those in my community, schedule a primary care appointment within 7 days of hospital discharge.

I promise to educate my community about the importance of primary care follow-up appointments.

I pledge 7 days.

Signature: _____

Date: _____



7-Day Pledge - Activation

Drawing on lessons from community organizing, we engaged our community to build expectations and self-advocacy efforts in patients.



7-Day Pledge - Champions

The 7-Day Pledge depends on buy-in from staff at each primary care practice. Having support at all levels is crucial to redesigning workflows to ensure recently-discharged patients can access timely follow-up appointments. We found four types of champions were essential:



Schedulers: Having strong buy-in from the front desk staff and medical assistants who are responsible for setting appointments.



Administrators: The office managers, administrative directors, and program managers who manage the day-to-day operations empower staff to make changes to practice workflow.



Providers: Physicians and nurse practitioners have significant influence over practices' priorities, operations, and culture. Having excited providers creates an environment that help staff prioritize the workflow.



Executives: For primary care practices that are part of health systems, getting executive leadership on board with the program helps secure long-term stability of these changes.



7-Day Pledge - Incentives

Practice Payments: To cover provider's costs incurred by prioritizing these patients, 7-Day Pledge enhanced reimbursement in addition to routine payment.

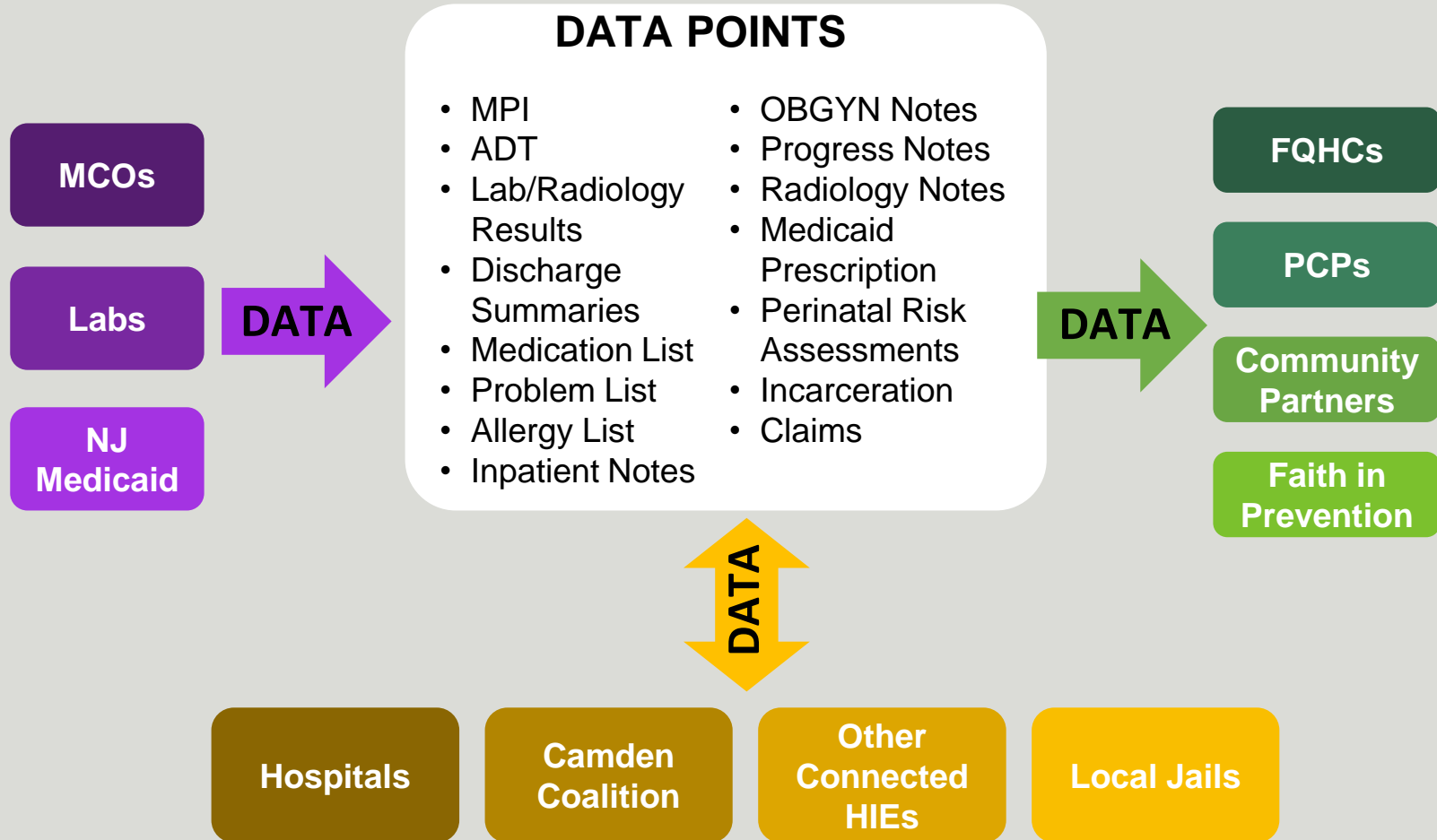
- \$150 for extended 7-day visits
- \$100 for extended 7-14 day visits (discontinued)
- Lump sum payments to practices for participating in trainings and work sessions
- Honoraria for practice staff to attend after-hours events

Patient Access: understanding that the patients we serve often have demanding lives with barriers to health maintenance, 7-Day Pledge offers transportation and modest reimbursement.

- \$20 gift cards for visit attendance
- taxi cab vouchers for visit attendance



7-Day Pledge - HIE



7-Day Pledge - Dashboards

Pre-Enrolled Pending Enrollment

Enter Discharge Date Once Individuals are Discharged



Master Patient Table

CMI.Pre-Enrolled Pending Enrollment

Search this view... Add patient

	First Name	Last Name	UniqueID	CMIGroup	Care Team Assignment	Care Team Assignment Date	Team Lead	Pre-Enrollment Interview Date	DischargeS
Still Admitted (7 patients)									
				RCT	Awesome	Jul 10, 2014		Jul 11, 2014	Still Admit
				RCT	Awesome	Aug 20, 2014		Aug 21, 2014	Still Admit
				RCT	Supreme	Aug 20, 2014		Aug 21, 2014	Still Admit
				RCT	Awesome	Aug 31, 2014		Sep 2, 2014	Still Admit
				RCT	Awesome	Aug 28, 2014		Sep 2, 2014	Still Admit
				ACO	Supreme	Aug 18, 2014		Aug 25, 2014	Still Admit
				ACO	Supreme	Aug 26, 2014		Aug 26, 2014	Still Admit
In sub-acute rehab (3 patients)									
				RCT	Supreme	May 26, 2014	Kim Pearson	May 28, 2014	In sub-acu
				RCT	Supreme	Aug 21, 2014		Aug 21, 2014	In sub-acu

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Enrolled Individuals Initial Home Visit Needed

Sorts all enrolled patients by home visit status

Master Patient Table

CMI. Enrolled Initial Home Visit

Search this view... Add patient

	UniqueID	Enrollment Date	Re-Engagement Patient	Number of Days Post-Discharge	Initial home visit complete	Home Visit 1 Date	HomeVisitAssignedTo	NumDaysTo
(none) > Supreme (1 patient)								
		Aug 29, 2014		4			Amanda Santiago	

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7-Day Pledge – Quality Improvement

We strengthen engagement with the practices through ongoing and one-time events:

Monthly reviews with individual practices to share city-level and individual patient data on hospital use history, reasons why patients are admitted to the hospital, and outcomes, which creates continuous feedback for practices' efforts.

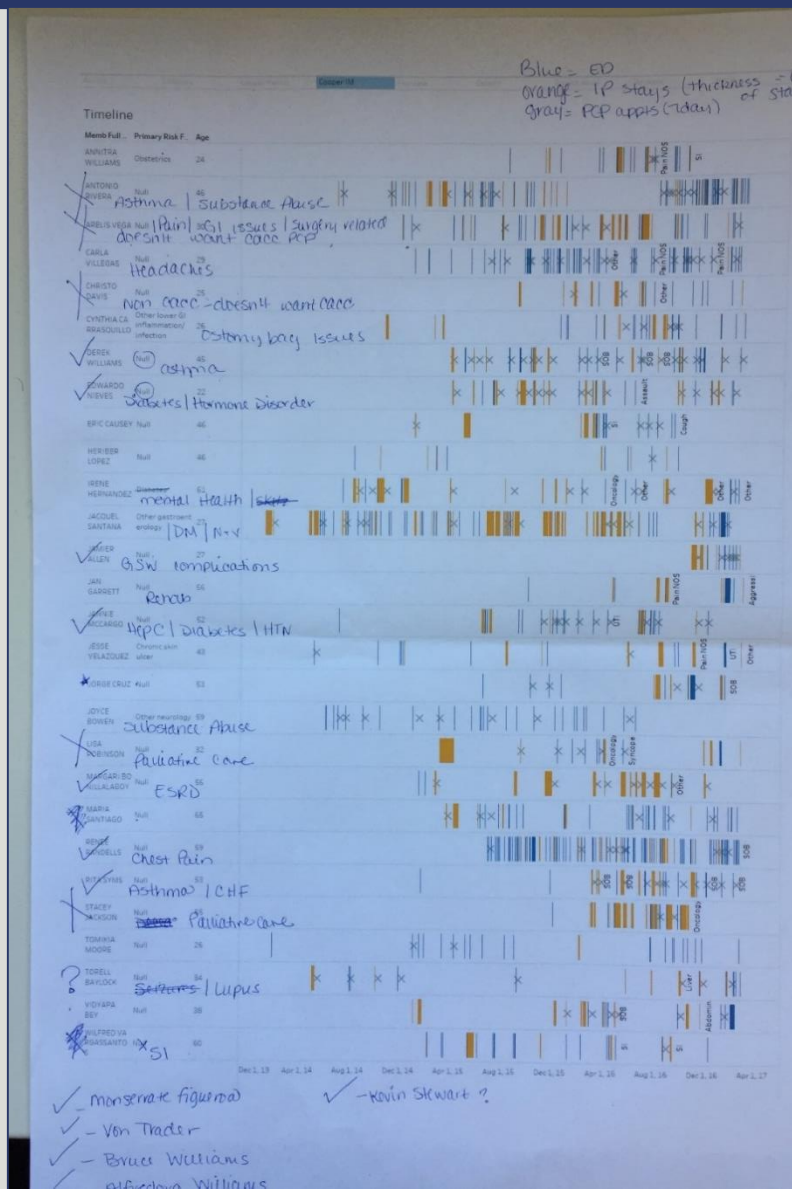
Hand-delivering monthly reimbursement checks to practices, which strengthens the personal relationships that are central to our success.

Regularly hosting citywide dinners with all participating practices to build community, share lessons, and create a sense of shared accomplishment.

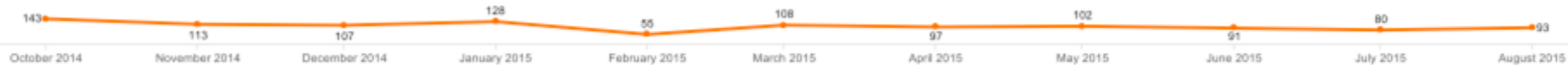


7-Day Pledge – Quality Improvement

Patient/Class	Utilization Outcome	Facility	Admitted
	PCP Appointment Scheduled by Practice	CUH	Mar 01 2015
	Patient Sees Non-ACO PCP	KHSS	Mar 02 2015
	Acute Issue Follow-Up Unnecessary - did not engage	KHSC	Mar 04 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 06 2015
	Patient Sees Non-ACO PCP	KHSS	Mar 07 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 07 2015
	Surgery-Related Admission - PCP unnecessary	CUH	Mar 09 2015
	Patient Unreachable - Phone Disconnected/No Voicemail	Virtua Camden	Mar 09 2015
	PCP Appointment Scheduled by Team	LGA	Mar 10 2015
	PCP Appointment Scheduled by Practice	KHSC	Mar 10 2015
	PCP Appointment Scheduled by Practice	Virtua Camden	Mar 11 2015
	Dental only - did not engage	KHSS	Mar 11 2015
	Surgery-Related Admission - PCP unnecessary	CUH	Mar 12 2015
	Active CMI Patient - did not engage	CUH	Mar 15 2015
	Patient Unreachable - Phone Disconnected/No Voicemail	Virtua Camden	Mar 15 2015
	PCP Appointment Scheduled by Practice	Virtua Camden	Mar 15 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 15 2015
	Patient Deceased	CUH	Mar 16 2015
	Active CMI Patient - did not engage	LGA	Mar 16 2015
	Patient Unreachable - Phone Disconnected/No Voicemail	LGA	Mar 18 2015
	PCP Appointment Scheduled by Practice	LGA	Mar 18 2015
	Patient Sees Non-ACO PCP	LGA	Mar 19 2015
	PCP Appointment Scheduled by Practice	KHSS	Mar 19 2015
	Patient Sees Non-ACO PCP	LGA	Mar 20 2015
	staff capacity - did not engage	CUH	Mar 20 2015
	Dental only - did not engage	CUH	Mar 20 2015
	Active CMI Patient - did not engage	LGA	Mar 20 2015
	PCP Appointment Scheduled by Practice	LGA	Mar 20 2015
	Patient Unreachable - Phone Disconnected/No Voicemail	CUH	Mar 21 2015
	Already Active In A Workflow - did not engage	Virtua Camden	Mar 22 2015
	Staff capacity - did not engage	CUH	Mar 22 2015
	Staff capacity - did not engage	CUH	Mar 22 2015
	HE error - did not engage	Virtua Camden	Mar 23 2015
	Patient Deceased	LGA	Mar 23 2015
	Patient Unreachable - Left Message	CUH	Mar 23 2015
	Already Active In A Workflow - did not engage	LGA	Mar 23 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 23 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 23 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 23 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 23 2015
	Already Active In A Workflow - did not engage	CUH	Mar 24 2015
	Already Active In A Workflow - did not engage	CUH	Mar 24 2015
	Motor Vehicle Accident (MVA) - did not engage	CUH	Mar 24 2015
	Surgery related - spec. scheduled	CUH	Mar 25 2015
	Patient Unreachable - Left Message	KHSC	Mar 25 2015
	Cap list delay - did not engage	CUH	Mar 25 2015
	Patient Unreachable - Left Message	LGA	Mar 25 2015
	Patient Unreachable - Left Message	CUH	Mar 25 2015
	Surgery-Related Admission - PCP unnecessary	CUH	Mar 26 2015
	PCP Appointment Scheduled by Team	CUH	Mar 26 2015
	Discharged To Short-Or Long-Term Facility	CUH	Mar 26 2015
	PCP Appointment Scheduled by Practice	CUH	Mar 26 2015



7-Day Pledge – Quality Improvement

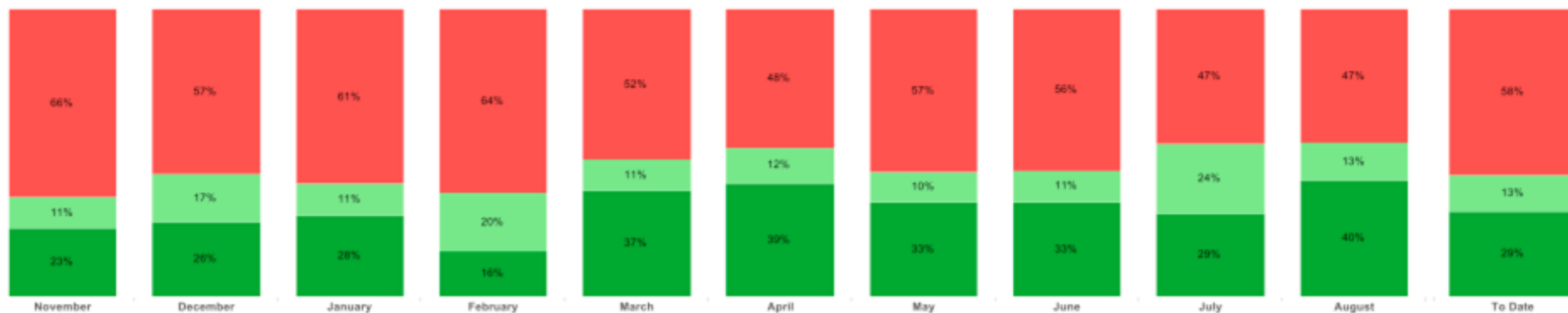


Hospital Utilization by Member Typology

Typology	November	December	January	February	March	April	May	June	July	August
Inpatient-High Utilizer	24	27	28	18	61	53	48	40	41	47
Inpatient-Standard	40	27	36	46	94	79	95	91	74	99
ED-High Utilizer	88	96	104	122	329	278	350	305	325	345
ED-Standard	441	600	636	876	2,106	2,224	2,392	2,048	1,845	1,865

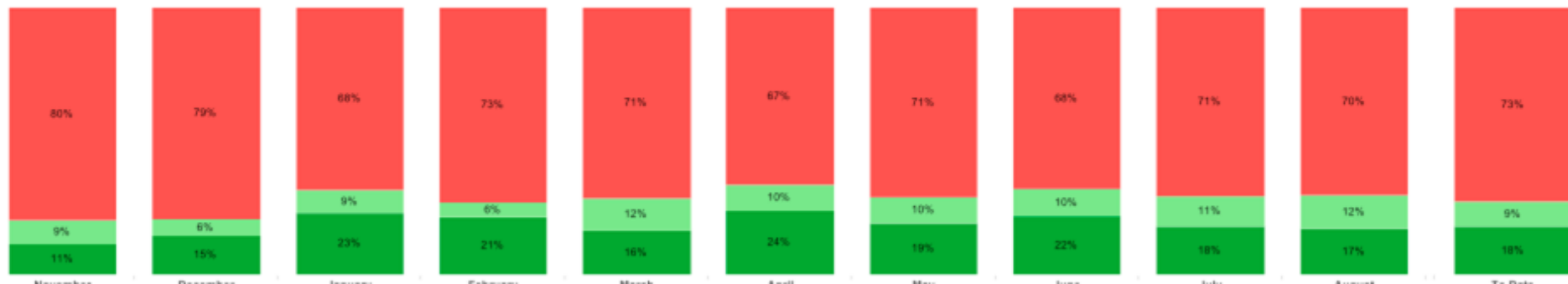
All Inpatient Post Hospital Visits

ACO



ED High-Use Post Hospital Visits

ACO



7-Day Pledge – Quality Improvement

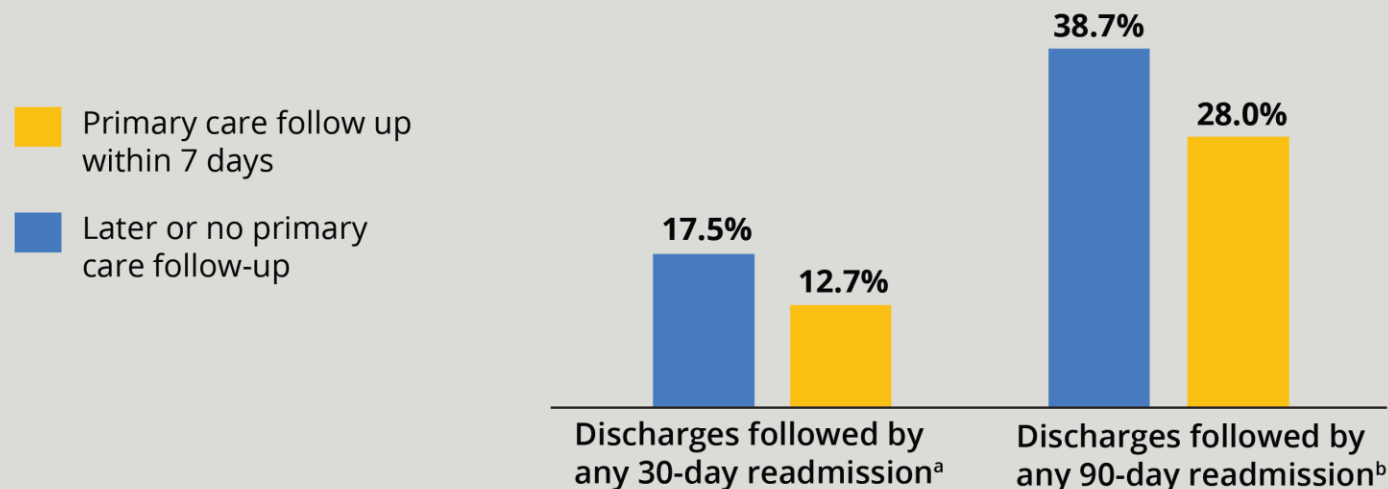


7-Day Pledge – Outcomes



Reducing hospital readmissions

Readmissions are lower when a hospital discharge is followed by a primary care follow-up within seven days:



^aDifference, 4.8%; 95% CI, 0.52%-9.17%; P=0.03 ^bDifference, 10.7%; 95% CI, 4.98%-16.36%; P=.002
Percentages are based on 450 discharges followed by a primary care appointment within 7 days and 450 matched records in which the patient did not have a primary care appointment within 7 days.
Source: "Outcomes of a citywide campaign to reduce Medicaid hospital readmissions with connection to primary care within 7 days of hospital discharge," 2019, doi:10.1001/jamanetworkopen.2018.7369.



Camden Coalition
of Healthcare Providers



7-Day Pledge – Lessons Learned

Return on investment is achievable. Costs analysis suggests that with each avoided hospitalization saving \$10,300, the 7-Day Pledge would break even annually once 27 hospitalizations were avoided. This would happen when approximately 208 patients completed primary care follow-up appointments within seven days of hospital discharge.

Systematic barriers remain and limit program effectiveness. Camden's Medicaid patients face language barriers, lack of social support, competing priorities, unstable housing, mistrust of healthcare system, and other social factors that influence health and decisions to seek care. Without sustained efforts to relieve residents of these burdens, the program's influence on readmissions will be limited.



Our advice

Above all us, maintain the relationships. Partners with the motivation and energy to collaborate is crucial. Clinical redesign initiatives require sustained effort. For the 7-Day Pledge program, we found that building relationships with individuals who are excited about working together to reduce hospital readmissions was key to maintaining momentum.

Keep early efforts simple, adding complexity only once partnerships mature. We started with straightforward, accessible tools like Excel spreadsheets. Once we understood how the 7-Day Pledge program would evolve and determined the metrics we wanted to track, we were able to quickly iterate on our plans and invest in more complex tools like an online database and shared data visualizations.

Share frustrations and appreciation. Communicating to practices that the 7-Day Pledge would evolve over time, and working together to find ways to fix problems as they arose, created a shared responsibility. Highlighting champions work as part of our overall practice engagement strategy built up their commitment and garnered them praise from their colleagues.

Use data to show the effects of the program and maintain buy-in. We regularly analyze and share data back with practices for problem-solving and relationship-building purposes. This data-centered feedback helps us maintain engagement and enthusiasm for the program.



Shameless plug

Putting Care at the Center 2019

November 13 – 15, 2019 | Memphis, Tennessee
www.centering.care



Keynote Speaker

Abraham Verghese

Author, *Cutting for Stone*

Senior Associate Chair, Stanford University School of
Medicine

This year's conference will be co-hosted with



Regional One Health

Useful Resources

On Camden Coalition's website:

- [Read the results of the 7-Day Pledge evaluation in *JAMA Network Open*.](#)
- [Read a blog post about our 7-Day Pledge evaluation.](#)
- [Read a 7-Day Pledge quality improvement brief outlining our evaluation results.](#)
- [Read a 7-Day Pledge clinical redesign brief to learn about the citywide partnership that powers the program.](#)

Q&A

Carter Wilson

Associate Director for National Center for Complex Health and Social Needs

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Natasha Dravid

Director of Clinical Redesign Initiative

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WRAP UP



Upcoming Dates

Sept 9 (12-1): Patient-Centered Care Transitions Communication to Improve H-CAHPS Scores with RUHS [\[link\]](#)

October 29 & 30: PRIMEd Conference (Sacramento, CA). Registration forthcoming.

- Tuesday 10/29: Office Hours, In Person TLCs & Networking Reception
- Wednesday 10/30: PRIMEd Annual Learning Collaboratives Conference

M	T	W	Th	F
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September				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

October				
30 ^{DY14} _{YE}	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	1

Share Your Feedback



How did we do?

What did you learn?

**Do you have suggestions
for future topics or
content?**

PLEASE COMPLETE OUR POP-UP SURVEY