

STATUS REPORT

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

Prepared for



AUGUST 7, 2006

Contents

Overview	1
List of Recommendations	2
Status of Deliverables	5
Outline of Implementation Steps	6
Action	
Responsible Party	
Timeframe	
Resource Requirements	
Next Steps	7
Attachments:	
I. Proposal – 1/31/06	
II. Summary of Key Findings from Confidential Interviews	
III. Summary of Key Findings from Consumer Focus Group	



Overview

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

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

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

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

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.

