



Investing in Tomorrow by Innovating Today: New Jersey's Progress towards a More Accountable Health System

By Jeffrey Brown

At a recent meeting of the Affiliated Accountable Care Organizations -- the New Jersey Health Care Quality Institute's learning network focused on redesigning New Jersey's health care system through new payment models, delivery system reforms, and community partnerships -- an attendee remarked: "This project can't just be about improving Medicaid in New Jersey; this has to be about improving health and health care in New Jersey, period."

The project to which she referred was the Medicaid Accountable Care Organization Demonstration Project, but her point had broader implications beyond our discussion about implementing Medicaid ACOs. Her point was that the work in which we are engaged in the garden state -- that is building a more sustainable, higher quality, and more accountable health care system, is bigger than the sum of its parts. It's about building a more coherent system that imparts the best possible care to patients in the most appropriate setting and at the lowest cost, regardless of who is picking up the bill.

And whether we're talking about today's innovations, or tomorrow's investments, the bottom-line is that if we are going to have a truly accountable health system we need the right infrastructure, the best data, strong leadership, and partners who are willing to see the forest through the trees.

In that regard, the state of accountable care in New Jersey is getting stronger.

Today's Innovations. Many organizations in New Jersey have been early adopters of accountable care -- one recent article even referred to this March as the "'March Madness of ACOs,'" highlighting over 27 springing up in the northern New Jersey region, eclipsing New York City. That assessment is right -- New Jersey's large players have definitely stepped up to the plate in major markets to move accountable care forward.

Hackensack UMC, Barnabas Health, Meridian Health, and AtlantiCare have all launched large scale ACO's in Medicare Shared Savings Program (MSSP) and Medicare Advantage. Barnabas Health actually launched four ACOs, two in the MSSP, and two in Medicare Advantage in partnership with Horizon. In total Barnabas ACOs cover roughly 30,000 lives.

Hackensack's Physician Alliance ACO has garnered the most press in New Jersey to date, becoming the first NJ-based ACO to achieve NCQA accreditation and achieving significant savings in the MSSP -- about \$10 million dollars. Early success there has been attributed to strong partnerships with physicians and up front investments in staff and IT infrastructure to help coordinate the care of the patients. Hackensack's ACO began with 12,000 patients and has expanded to 20,000.

Meridian Health is pushing boundaries not only with the size of their ACO, but with their participation in an array of programs to help better align patient outcomes with financial incentives. In total Meridian covers 53,000 lives via their ACOs, both in the MSSP and in Medicare Advantage, where they partner with Geisinger Health System from Pennsylvania.

AtlantiCare in the south of the state has been an early adopter of accountable care as well, launching an ACO in the MSSP. As part of that work, AtlantiCare launched their "Special Care Center" which is patient-centered medical home for patients with multiple chronic conditions.

One particularly innovative player is Continuum Health Alliance, an ambulatory care services company devoted to helping physicians achieve the triple aim. By using a three-pronged approach that implements new payment models on the business side, promotes quality improvement and closure in gaps of care on the clinical side, and provides clinicians with access to cutting edge population health focused analytics on the technology side, Continuum has built a network of providers that care for over 100,000 lives throughout the garden state.

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That network is bolstered by open-source custom technology, an intense focus on quality (Continuum's provider clients are moving to all become Level 3 PCMH, if they aren't already), and a vision for the future that looks beyond even today's reimbursement models. Dr. Chris Olivia, the President of Continuum, believes that data-driven, clinically integrated networks of physicians, nurse practitioners, and key hospital partners are vital to improving patient care, provider efficiency, and bending the cost curve, and that new payment models like ACOs finally provide the engine for such networks.

Like Continuum, Partners In Care (PIC), an Independent Physician Alliance (IPA) and management company with an extensive network of physicians (in 13 of 21 counties in New Jersey) and population health management experience dating back to 1995, has been pushing new payment models and delivery system innovations across the state. PIC currently has ACOs with Horizon, Cigna, Medicare, and a patient centered medical home initiative with Aetna – and is only expanding. Their ACO with Cigna began with 250 physicians and grew to include 400, and their Horizon ACO covers 20,000 beneficiaries.

Tomorrow's Investments. While many of the major players in New Jersey have been able to put out up-front investments, and others are building systems slowly and organically scaling up, there's a specific subset of ACO's in New Jersey blazing the way towards what Tricia McGinnis and Stephen Somers of the Center for Health Care Strategies dubbed "[Totally Accountable Care Organizations](#)" – or [TACOs](#) – and doing so with limited resources.

These organizations are in fact built on a coalition model, composed of multiple hospitals under different ownership, PCPs, and other community interests, and are seeking to build the infrastructure to assume total accountability for an entire geography of patients. Codified under New Jersey law via the Medicaid ACO Demonstration Project, these TACOs represent an opportunity to move population health to the next level of accountability.

Dr. Jeff Brenner and the Camden Coalition of Healthcare Providers (CCHP) are at the forefront of this work, having pioneered the model which is based on a particular analytic system and intervention called "hot-spotting." CCHP has already engaged in shared-savings agreement with United Healthcare for their Medicaid patients in Camden, and is looking to expand that work with other payers. In preparation, CCHP is utilizing entrepreneurial best practices to test interventions quickly, adapt, and scale-up what works across their organization.

In addition to expanding the footprint for their interventions, CCHP is also looking to expand the footprint of their accountability. Particularly for their patients in Camden, integrating ancillary services and supports into the ACO model will be critical for achieving total population health. Behavioral health is one example. With many of their high utilizing patients suffering from behavioral health problems, like addiction, in order to be truly successful in moving the needle on community wide outcomes and cost, behavioral health needs to be integrated at the point of care across the coalition and the ACO.

Dr. Ruth Perry and the Trenton Health Team (THT), close partners to Dr. Brenner and CCHP, have similar experiences in Trenton and are finding that in taking accountability for high utilizers, they have to deal with substance abuse and behavioral health, whether they are reimbursed for it or not. THT has secured a grant to implement substance abuse screenings at the point of both primary care and in the ER. The screenings are composed of a two-question pre-screen, a 10 minute full-screen for those ID'd in the pre-screen, and options for either an in-person intervention or referral for more comprehensive treatment. Additionally, The Nicholson Foundation, which has been an ardent supporter of the developing NJ "TACOs," is funding Henry J. Austin Health Center, a member of THT, to embed a behaviorist in the primary care space using [Cobalt behavioral health technology](#) and the [Cherokee Health Systems model of integration](#).

In Newark, via the work of the Greater Newark Health Care Coalition (GNHCC), this move to become totally accountable is going beyond the doctor's office and hospital and into new areas within the community. GNHCC has been using data-sharing and relationship building to make targeted interventions work, despite limited resources. For example, GNHCC is working with housing stakeholders to identify pediatric asthma high utilizers and refer them to a housing remediation intervention, with the goal of improving outcomes and improving utilization and costs.

In another example, GNHCC has been working with education stakeholders to design a care team model that could improve access to care and improve both health and education outcomes. Data-sharing allowed a prominent physician to identify cervical cancer mortality "hotspots" in both North Bergen and Newark, and now a mobile van is dispatched to target neighborhoods to give pap smears.

Beyond Camden, Trenton, and Newark, new partnerships are forming in other regions of the state. Both CompleteCare and Inspira Health Network are focused on improving community health in Cumberland County in southern NJ, and Robert Wood Johnson Partners, based in New Brunswick, is potentially looking to expand their newly announced Medicare ACO infrastructure to include Medicaid.

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Total Accountability. At the upcoming Affiliated ACOs conference, taking place on May 9th at the Crowne Plaza in Plainsboro, New Jersey, our keynote speaker, Dr. David Nash of the Jefferson School of Population Health, will explore how we can make accountable care organizations truly accountable, with a particular frame that explores what has been happening both in New Jersey and around the country.

While it is too soon to say for certain whether or not New Jersey as a state will be ready to embrace 'true accountability', what can be said with confidence is that the raw material is there. We just need to build key partnerships, establish a culture of learning across health systems and geography, share data and best practices, and keep an unwavering focus on improving patient care above all else.

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