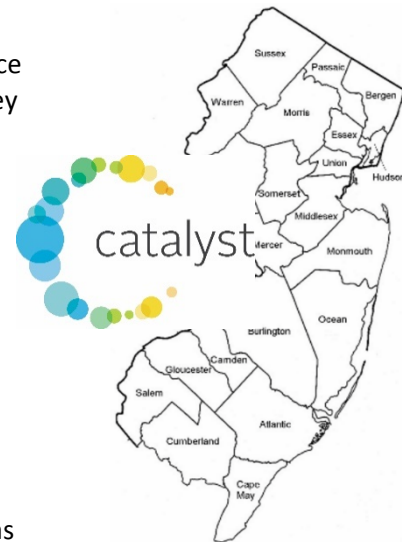


## New Jersey Innovation Catalyst Initiative Case Story: Hospital Alliance of New Jersey's 50X Ping: Preventing ER Visits by Connecting Patients to Resources for Healthier Living

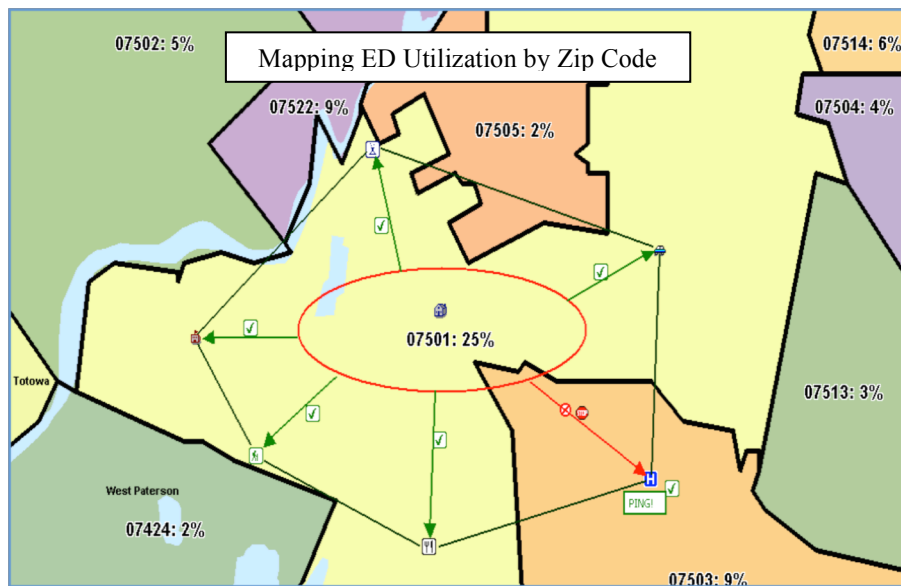


The Hospital Alliance of New Jersey (HANJ) represents safety net hospitals serving the largest populations of Medicaid and uninsured individuals in New Jersey. HANJ members represent 25% of the state's acute care hospitals and provide approximately 50% of care to underserved populations. In collaboration with St. Joseph's Regional Medical Center, New Jersey' largest provider of charity care, the innovation team was interested in developing a solution to reduce patients' utilization of the emergency department (ED) for services that could be provided in a primary care setting. Providing primary care through the ED is unnecessarily costly and does not provide the best opportunities for effective transitional care for the patient.

To better formulate a solution, the innovation team turned first to a review of its patient data to answer the question, "How do we reduce unnecessary ED visits while connecting patients to the resources they need to be healthy?" The team mapped the evidence using a map of Paterson, NJ (the team's initial focus for high ED users) to document the distribution of resources for the underserved, "hot-spotted" ED visits across the city, developed "how might we" and "ways of" statements, and, finally, clustered and prioritized potential solutions. The innovation team learned there were substantial numbers of low acuity ED users from one particular zip code (07501) in Paterson, an area that also lacked a significant presence from social service and healthcare organizations.



The innovation team also conducted two rounds of interviews with residents to better understand their needs. An important finding was that many patients did, in fact, have primary care providers, but those primary care providers have long wait times for appointments and according to the innovation team, refuse to deal with complex problems and send patients to the ED instead, or do not take appointments at all. The team also found that undocumented residents go to these providers and pay out of pocket for the visits, sometimes as much as \$125. In addition, entire families were found to show up to the ED at St. Joe's on a regular basis.



The innovation team arrived at a solution they call “501 Ping”, which is a system to identify low severity ED users from the 07501 zip code and then connect them with a care navigator—a community health worker who identifies why these patients are showing up in the ED and attempts to connect them to more appropriate services. The innovation team’s solution includes a two-step process. First, 501 Ping sends a literal “ping”

to care navigators, triggered from electronic medical records, when a user with a low acuity condition checks in at the ED. In order to set up an automatic ping of 07501 (or other zip codes as the project expands over time), the patient registry database requires code to be written so that all patients from a particular area with a low acuity diagnosis are identified and sent to a care navigator. The system must allow for documentation of referrals by the care navigator. St. Joseph’s IT division provides this list to Relay Health, who sets up the “ping” for the next time these patients are at the ED with a low acuity condition. Employees at St. Joseph’s will receive an email for each encounter. At this point in the pilot phase, the current criteria are adults 18 and over from the 07501 area code, who have visited the ED between three and ten times without being admitted as an inpatient to the hospital over the past six months. Second, the care navigator offers patients services to better meet the patients’ needs in an attempt to reduce ED utilization by these patients in the future. In the process, the care navigator collects data on the needs of the population in targeted areas so that the innovation team can better identify health care and/or social services needed for their community.

“Once we understand what needs exist in the community that aren’t being met, there’s an opportunity to potentially build those out into the community in the future. Maybe it’s just adding a community health worker who’s not in the hospital, but who is community based and works with patients in their homes to add an extra level to the intervention.”

—Jeff Brown, Director of Policy  
Hospital Alliance of New Jersey

The project is still being piloted, allowing the care team to carefully and methodically collect more data and learn more about patient needs, particularly around longer-term measures; these measures include the percentage of patients in the ED that identify as needing referrals to other services, the types of services needed (primary care physicians, housing, public assistance, food stores), barriers to utilizing referred services, identification of additional services needed, and changes in low acuity ED visits. Ultimately, the innovation team hopes to lay the groundwork for a more coordinated system of care

that improves patient experience. In fact, the team has changed the name of the innovation from “501 Ping” to “50x Ping”, since it has aspirations to scale its model beyond the 07501 zip code. As a next and critical step, the innovation team acknowledges the need to invite other partners into the process and work with payers to make their work sustainable. Finally, the innovation team will identify and hire a community health worker who possesses a patient influence skill set, understands the Paterson community, and understands how to best connect patients with available community resources.

“There are so many different value-based initiatives happening across the board of varying hospitals that it’s really important to get them all up on a board and understand how they are connected. You don’t want people running in different directions with different projects that essentially have the same target and the same purpose. That’s something that we’re definitely keeping high on our radar here.”

–Fred Fisher, Vice President, Finance and Strategy, Hospital Alliance of New Jersey

