Trenton Health Team Case Study

About This Case Study

These case studies were authored as a part of the evaluation of ReThink Health Ventures, a three-year project of The Rippel Foundation, conducted with support from the Robert Wood Johnson Foundation, to explore what could accelerate the progress of ambitious multisector partnerships working to transform health in their regions, and what often stands in the way of that progress. Through the project, Rippel’s ReThink Health initiative supported multisector partnerships in six regions across the country as they worked to build practices that are essential for transforming a regional health ecosystem, including broad stewardship, sound strategy, sustainable financing, and a shared vision. Each participating partnership selected a handful of members to participate on the Ventures Team for their region. Those teams collaborated with ReThink Health and their broader partnerships throughout the project. Mount Auburn Associates served as the project’s learning and evaluation partners.

We have authored case studies about each of the six partnerships to highlight their unique journeys toward health transformation, with a particular focus on their work in Ventures, as well as insights that can be applicable to a wide range of stewards working to transform regional health ecosystems across the United States. You can find the other case studies, along with a detailed evaluation report about ReThink Health Ventures, at www.rethinkhealth.org/ventures.

We are grateful for the time and energy that so many people contributed to support the development of these case studies. Most importantly, the authors would like to thank the leaders who participated in Ventures for their tireless dedication to transforming health and well-being in their communities.
Trenton Health Team Case Study

Trenton, NJ

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Overview

In 2006, in response to the planned closure of one of the area’s hospitals, the mayor of Trenton recommended that the remaining health care institutions work together to address the city’s health-related challenges. Leaders from these institutions met informally for many years and, in 2010, the group established the Trenton Health Team (THT), which focused on urgent care coordination, access to primary care, and the development of a health information exchange (HIE). When, in 2016, THT was invited to participate in ReThink Health’s Ventures project, its leaders felt that the time was right to accept. THT needed a new vision for itself and new language to describe its work. As one of the staff members noted, the Ventures opportunity “was completely synchronous in terms of our evolution as an organization.”

THT’s work with Ventures was transformational for both the organization and for the larger community. With support from Ventures, THT developed a new vision for itself. Ventures support also helped leaders decide that THT would continue to address some of the community’s specific challenges around health care access and delivery, while at the same time addressing a broader portfolio of interventions related to health and well-being. Further, as one of three designated Medicaid accountable care organizations (ACOs) in New Jersey, THT is helping to shape state policy. Specifically, in response to THT’s leadership of its ACO, New Jersey lawmakers are considering a new “regional health hub” model that would, in effect, replicate THT’s role in other communities across the state and provide sustainable funding for the leadership entities. This case study is intended to help others engaged in regional health transformation understand how THT evolved into a mature health partnership that is taking on new challenges, partnering in new ways, and helping to build a strong infrastructure for health transformation.

Context

Trenton, the capital of New Jersey, is a small city with relatively poor economic conditions and major disparities in health, income level, and educational attainment relative to the rest of the state. In 2011, policy leaders in the state developed legislation to create regional ACOs that would work to improve health outcomes in the Medicaid population while reducing health care costs and improving the quality of care. The economic context within which THT operates, in addition to the state policy environment, is critical to understanding THT’s evolution and approach to health transformation.

Community Context: Trenton, the capital of New Jersey, is a small city whose population is comprised mostly of people identifying as African American or Hispanic and people who have immigrated from other countries. A recent data analysis by Virginia Commonwealth University, and funded by the Robert Wood Johnson Foundation, revealed that there is a 14-year difference in life expectancy between residents of Trenton and nearby Princeton Junction—two train stops and less than 20 minutes apart.

Trenton’s poverty rate is dramatically higher than New Jersey’s as a whole, at 27.3 percent and 10.7 percent, respectively, and its median income ($34,412) is less than half of the state’s median ($76,126). Educational attainment among city residents is also significantly lower, with only 72 percent of Trenton’s residents holding at least a high school diploma compared to 89 percent at the state level.

Trenton Health Team’s History: In 2006, in response to the planned closure of Trenton’s Mercer Medical Center, the mayor commissioned a report that envisioned the concept of THT, which began informally that same year. Since then, THT has evolved through three phases. During the first phase, in the early years, THT operated as an informal group of senior leaders from four partner organizations: St. Francis Medical Center, Capital Health, Henry J. Austin Health Center, and the city’s Department of Health and Human Services.

The second phase began in 2010, when THT incorporated, established a board of directors comprised of leaders from the original partner organizations and additional stakeholders, and hired its first executive director. The third phase began in 2013, when The Nicholson Foundation awarded a grant...
enabling THT to staff up so it could begin providing some direct services, convene a group of resident leaders called the Community Advisory Board (CAB), and lead efforts around a community health needs assessment (CHNA) and a community health improvement plan (CHIP). THT also launched the Trenton Health Information Exchange, which gives health practitioners real-time access to integrated and holistic patient records to support treatment decisions and strategies. Also during this phase, in 2015, THT achieved certification as a Medicaid ACO, one of three designated by the state of New Jersey.

Through all phases, THT has worked to expand primary care access and encourage better coordination between health care institutions and other service providers in the community. Its community-wide clinical care coordination team is comprised of physicians, case managers, nurses, and social workers from THT partners, plus representatives of community behavioral health and social service agencies. Concurrent with its participation in Ventures, THT also was selected to join other national initiatives, including the Trinity Health Transforming Communities Initiative, the BUILD Health 2.0 challenge, and the recent Merck Foundation-supported Bridging the Gap: Reducing Disparities in Diabetes Care. Participation in these initiatives greatly expanded THT’s portfolio beyond health care delivery to address some of the vital conditions that help residents of a community to be healthy and well (such as education, humane housing, and others). In turn, this has pushed THT to address strategic questions about its broad role as a community health steward.

ACO Legislation in New Jersey: In 2011, New Jersey legislators approved a three-year demonstration project that created regional ACOs to serve the Medicaid population. Due to a number of complexities in regulations and the design process, implementation did not begin in earnest until 2016. At that time, the state designated three regional entities, including the Trenton Health Team, to function as ACOs. The ACOs are responsible for improving health outcomes and access to quality health care for Medicaid beneficiaries in their regions.

During the next two years of the three-year demonstration, the state provided each of the ACOs with $1 million in funding. The state also extended this support for an additional year given that the policy approach to ACOs in New Jersey is still a work in progress. The funding has been very important in terms of allowing THT to further develop its HIE and to sustain its care coordination activities. Also, ACO certification provided THT access to claims data for Medicaid recipients within its target area, which allowed THT to include additional information in its HIE that helped organizations accessing the HIE to provide better services to target populations. For this reason, some THT staff reported that the data access has been at least as important as the funding associated with the ACO designation.

**Advancing Health Transformation with ReThink Health Ventures**

During its work with Ventures, Trenton Health Team’s primary goal was to update its strategic plan, which included clarifying its identity and roles, and determining how it could be a more effective catalyst for change in Trenton. It also focused on creating a more financially sustainable business model.

**How leaders are working differently**

1. Increasing focus on population health and long-term thinking: THT was beginning to expand beyond its clinical focus before its engagement with Ventures, but the Ventures work allowed THT’s leaders to more clearly articulate the nature of this expansion and helped THT’s Board of Trustees to understand and commit to the more ambitious vision. Ventures also encouraged THT to strategize using a much longer timeframe.

   Several participants in THT’s Ventures project described the development of a value proposition narrative as foundational to expanding how they approach their work. The process led to the development of a shared vision for health and well-being in Trenton that went beyond health care to address many of the underlying conditions that can drive better health outcomes for the city’s residents. Developing a clear, long-term vision and articulating THT’s unique contribution to making that vision a reality led THT to consider a more comprehensive approach over a longer time horizon. Specifically, the process helped THT staff to better recognize that the forces that shape health in a region evolve over a long period of time, which led them to think about both short-term responses to immediate conditions while understanding the long-term nature of the transformation process.

   Through the value proposition narrative process, the THT also assessed its current strategies relative to its new long-term shared vision and identified a gap between them. The process helped THT to reaffirm the importance of its historical focus on efforts to strengthen and provide urgent services to Trenton’s residents. THT also realized that in order to reach its vision it would need to expand its focus to support the city’s vital conditions. The Trenton Ventures team developed a compelling narrative that articulated its long-term...
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2. Engaging residents in a new way: THT’s Ventures-related work also focused in part on building more authentic resident engagement, which clarified for THT that, to achieve its vision, in addition to expanding its focus to encompass vital conditions, it needed to focus on involving residents as leaders to help guide the work.

The Trenton Ventures team spent considerable time over the course of the project working with THT staff, board members, and CAB members to build and refine THT’s value proposition narrative. This work led the THT to revisit how it could better distribute leadership with Trenton’s residents through the CAB. THT’s efforts to build structures for more meaningful resident leadership helped it to realize that the current focus of the CAB, which was convened largely to assist THT with Trenton’s CHNA and CHIP, did not enable residents to have a real voice in its health transformation work. Over the course of several retreats, THT leaders, staff, and CAB members developed a new approach to ensure that the CAB could be a more authentic partner responsible for facilitating a broad community network to support health and well-being in Trenton, and changed the CAB’s name to Partners Advancing Trenton’s Health (PATH).

3. Building a stronger infrastructure and funding for integrator functions: In its Ventures stewardship work, THT chose to focus on building distributed leadership for health transformation across the city. THT is now growing into the role of a regional health hub, supporting critical functions for the entire community that can be sustainably funded.

In the past, THT approached each opportunity as if it needed to take the lead or directly provide the services. With a new appreciation for the power of distributed leadership, THT began viewing itself differently. THT’s leaders realized that, among other things, in order to achieve an ambitious vision for the community, it would need support and leadership from other community stakeholders. As a result, THT is beginning to work differently with others. One manifestation of its new approach: when a grant opportunity emerges, THT now convenes other stakeholders in the region and works with them to identify which organization(s)

are best positioned to lead a new initiative and which others could be involved as partners. This new approach is supporting a more collaborative culture in the city.

Similarly, THT’s work with Ventures around sustainable financing, has resulted in a concerted effort to fund the integrative activities it provides, which include running the HIE, monitoring health outcomes, and assessing health service needs, among others. This has led to a new service agreement with the city of Trenton in which the city pays THT annually to help it meet its public health mandates. Additionally, the THT is looking to sell services related to its analytic and data capacities, primarily through the HIE. For example, the Princeton Area Community Foundation recently provided THT with funding to work with the Trenton school district to add data on chronic absenteeism to the HIE. The data will help to better identify health-related causes of chronic absenteeism and make referrals to address environmental causes, if needed.

4. Influencing the state and other regions: THT has played a leadership role in convening the state’s ACOs, helping to bring them together to influence the state’s future approach to ACOs and other regional population health organizations. This work led to the legislature’s passage of the ACO extension, which included the provision of an additional $1 million grant from the state to each ACO. THT is now working with the other ACOs on an effort to have the state formally define a role for “regional health hubs,” which can serve as platforms for better coordination and integration of regional activities related to advancing health and well-being. The ACOs envision the regional health hubs as engines of local innovation that will oversee sharing of real-time, actionable data and serve as the conveners of diverse regional stakeholders. THT and the other ACOs have sent
draft designation criteria to both the New Jersey Department of Health and Department of Human Services. According to THT staff, their engagement with Ventures has helped them communicate THT’s value and, by extension, the value of replicating this model across New Jersey.

Learning from THT

THT’s work with Ventures provided ReThink Health with notable information about ways to advance progress and things that can contribute to an effort being derailed—from which other regions seeking to advance regional health transformation can learn.

Ways to advance progress

Repositioning for greater value: The work with Ventures helped THT to reposition its work in ways that will generate even greater value. It is, for example, creating a new platform—the regional health hub—where organizations that had been competitive now sit at the same table and talk about what is best for the community, with everyone being more transparent about their interests and recognizing how the work impacts the entire city. One stakeholder noted, “I think we’re getting towards aligning, and [it’s because] the venue is there now.”

Communicating the story of health transformation is critical to supporting alignment and engagement: THT’s work with Ventures led to the development of a more compelling narrative that described its shared vision and value proposition, which it shared with the board, the CAB (now PATH), and leadership in the New Jersey Department of Health. This narrative, which tells how THT evolved from focusing on high-utilizing, complex patients to more broadly addressing vital conditions in the city, has helped others to better understand the unique role THT plays—managing the region’s HIE and providing some basic public health functions for the city—as functions for which it could and should receive compensation.

Ways that progress can be derailed

Maintaining focus on the long-term agenda: There is concern among THT leaders and staff about how to sustain the type of strategic work and thinking that happened through engagement in Ventures. Staff have significant challenges just staying on top of their day-to-day work. One team member noted, “No matter who you are, there are only 168 hours in every week; we all have jobs, we have families and other competing pieces . . . That has been my greatest challenge, being able to devote all the time I would have liked to this work.” Consistently creating space and making time to continue on this journey is an ongoing challenge.

Increasing diversity within THT: THT has made strides toward making its board and staff more reflective of Trenton’s diversity, but it has not been as successful as it would like. The fact that much of the current leadership does not live in the city, and that the leadership remains largely white, is likely to be an ongoing obstacle as the city seeks to ensure more equitable health and well-being.

Sustaining upstream movement: The work with Ventures reinforced where THT was already moving—upstream, to address a broader set of the social determinants of health. However, the origins of THT are rooted in a downstream health care-centric focus. THT’s staff, board, partners in the community, and very structure of the organization still largely reflect this historic focus. As noted by one of the members of the team, “It’s hard to sustain swimming upstream. All of a sudden, the forces can take you back downstream. You have to have the vision to say that this is really hard work and resist the urge to go back downstream because the memory muscle is there.”