

QUARTERLY NEWSLETTER

INTRODUCTION TO COOPER'S POPULATION HEALTH DEPARTMENT

MISSION

Cooper University Health Care's Center for Population Health is transforming the delivery of care in alignment with the organizational mission- to serve to heal and to educate- ensuring diversity, equity, and inclusion to all patients. Cooper maximizes clinical innovation, outreach, research and education to deliver excellent community and value-based patient-centered programs. These core elements provide the momentum to inspire and deliver high-value, sustainable health care, and academic distinction.

STRATEGIES

- Transforming delivery of care
- Enhancing engagement
- Optimizing infrastructure
- Thriving in value-based models
- Leveraging partnerships
- Innovative commitment
- Empowering patient in evidence-based compassionate care



POPULATION HEALTH PROGRAMS

Transitional Care



Complex Care

Population Health at Home



Remote Patient Monitoring

Post-Acute



Community Outreach

HIGHLIGHTING: COMPLEX CARE

- Improving the health and well-being of individuals with complex health and social needs
- Coordinating and reshaping care delivery at the individual, community, and system levels
- Addressing the root cause of poor health through:
 - Interdisciplinary care teams
 - Cross-sector partnerships
 - Patient-centered care goals

HOW CAN COMPLEX CARE SERVE YOUR PATIENTS?

Promote Positive Outcomes:

- Provide chronic disease Education to facilitate healthy self-management skills
- Facilitate patient-centered Goal Setting via behavior modification techniques
- Assess and discuss Health Maintenance preventative screenings and their importance
 - Annual Wellness Visit
 - Diabetes and Value Based Composite
- Identify and address Social Determinants of Health barriers to care

Team Members

*HA- Health Advisor

Sarah Meighan, B.S. PH, AFPA-CHWC, HA

- Gloucester City
- Runnemedede
- Kroc
- Urban Health Institute
- Cherry Hill, Route 70
- Collingswood
- Haddon Heights (Temp)
- JFK (Temp)



*PCC- Population Care Coordinator

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Shelly Daigle-Burns, BSN, RN, PCC

- Bunker Hill
- Camden County College
- Haddon Heights (Temp)
- Pennsville
- Sewell
- Thorofare
- Mt. Laurel (Temp)
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John Cappelli, B.S. HCA, HA, CCA

- Brace Road
- Cooper Landing Road
- Delran
- Willingboro



Carolyn Kohler, BSN, RN, PCC

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Gabrielle Dillard, B.S. PH, HA

- Thorofare
- Sewell FM
- Sewell IM
- CCC



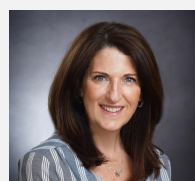
Nadia Klemash, BSN, RN, PCC, CCA

- Turnersville
- CR/ Mt. Laurel
- Woodbury
- Sewell



Michele Waltz, BSN, RN, PCC, CCA

- Brace Road
- Cooper Landing Road
- Delran
- Willingboro



HOW DO WE MEASURE SUCCESS?

Quality:

- Value-Based/Diabetic Composite
- Reduce:
 - Admission Rate
 - Readmission Rate
 - ED Utilization Rate
- Health Maintenance

Patient Satisfaction:

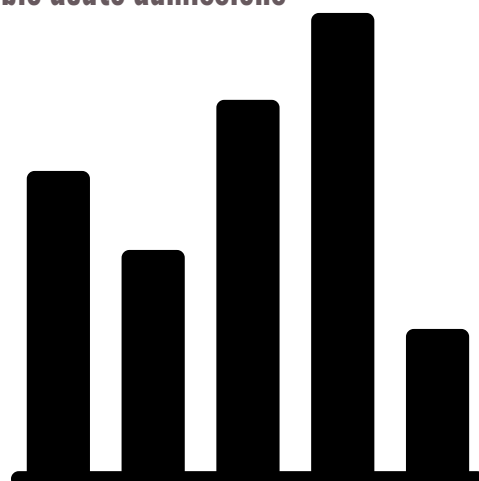
- Goals Set/Achieved
- Enhanced access to care
- Social Determinants of Health Addressed
- Self-management support

Provider Satisfaction:

- Increased patient self-management
- Close gaps in care
- Increase interdisciplinary team engagement

Financial:

- Hospital Readmission Penalty Avoidance
 - Decrease patient medical expense benchmark
- ED utilization reduction
- Avoidable acute admissions



PROVIDER FEEDBACK

"Katie has been a tremendous asset to our patients. She has been instrumental in helping patients achieve weight loss goal through proper education, follow calls and encouragement. She has helped some of our diabetics reach hba1c goals through referrals to diabetes education and ensuring the patient follows through. In addition she has followed through with phone calls ensuring patients adhere to med management and finger sticks reporting back numbers which again helped patients reach goal Hba1c. Her collaboration with patients and our office has been very valuable!"



- Lara Bruneau, MD

Mt. Laurel Internal Medicine