Overview

The AtlantiCare Special Care Center (the SCC) in Atlantic City, New Jersey, was set up to focus on the needs of a specific set of patients: the sickest 10–20 percent of the patient pool of the health trust of an Atlantic City hospitality workers union, Local 54. These patients suffer from chronic conditions that drastically affect their quality of life and that are extremely expensive to treat. At the same time, ill health and out-of-control health care costs represented a burden on the local economy. The SCC was developed through a partnership between the health trust of Local 54 and AtlantiCare, Atlantic City’s largest health care provider. Rather than receiving treatment only when they went into crisis, these patients would receive comprehensive medical care and extensive education and support for self-management of their conditions. Health coaches were trained to work intensively with patients, monitor their progress, and build ongoing relationships with patients and their families. This approach was projected to improve overall patient health and reduce hospitalizations and costly emergencies.

**Key contextual conditions:** Atlantic County, which includes Atlantic City, has consistently ranked as one of the worst in New Jersey on such health factors as obesity, smoking, rates of preventable hospitalizations, and other factors that undermine health. The membership of UNITE HERE Local 54 comprised mostly low-wage casino and hotel workers, who were ethnically diverse, poor, and unhealthy. As health care costs rose, workers were faced with higher insurance costs, and Local 54 was under pressure to reduce them. AtlantiCare, which operated the city’s major hospital, saw the need to improve community health and reduce health care costs for its employees.

**Key stakeholders:** AtlantiCare; UNITE HERE Local 54, its members, and their families; Atlantic City, New Jersey; Atlantic County, New Jersey; Atlantic City area employers and medical providers; insurance providers.

**Lessons Learned**

- The SCC’s success was dependent on training and empowering health coaches, convincing traditional providers of their value, and flattening the hierarchy among providers. Adaptation and learning from experience was necessary to develop the role, figure out a profile, and put them on a more level field with doctors and management. This team approach was vital to the success of the SCC.
Data collection, tracking what worked and what didn’t, was critically important to meeting the SCC’s objectives of improving clinical outcomes and lowering costs. Data-driven recruitment helped steer the patients who could benefit most to the SCC.

Another crucial driver of success was the taking of initiative outside the walls of the SCC itself. This meant engaging with the community to change habits and help reinforce behavior change, from the broad-based (community health outreach in 80 schools) to more incremental discussions (talking about nutrition choices with individual church congregations). It also meant close collaboration with Local 54 to handle outreach to potential patients and steer them to where they needed to be.

A strong, tight leadership team was crucial to pushing the SCC forward. Although strong personalities were not always in total agreement, without their commitment the SCC model would not have moved forward.

**Development Challenges**

- Improve the health of chronically ill patients.
- Reduce costs by reducing hospital admissions, emergency room visits, and unnecessary consultations with high-cost specialists.

**Delivery Challenges**

- Achieving effective engagement to reach patients across a spectrum of needs, across multiple issues and ensure transformative changes in behavior.
- Developing the role of the health coach and integrating health coaches into the process of patient care.
- Balancing stakeholder needs.