**Compendium Overview:  
Jersey City Medical Center - Barnabas Health**

**Wealth from Health: Patient Engagement Incentive Program**

Jersey City Medical Center, in Jersey City, New Jersey, found that patients often failed to comply with care plans, resulting in high rates of readmissions and emergency department (ED) utilization for nonemergency visits. In response, the hospital created a patient incentive program with reward points tied to completion of disease education models and compliance with care plans to change behavior to promote the Institute for Healthcare Improvement’s Triple Aim of better care, lower costs, and improved health.

More than 1,200 patients with chronic disease volunteered for enrollment in Wealth from Health over a two-year period. Patients received an assigned bachelor’s-level, non-registered nurse navigator and reward points, which were converted to gift cards, for compliance with education, self-management, and care plan goals.

Both costs and utilization for the ED and hospital decreased based on a comparison of one year before the intervention to one year after. At six months before and after, decreases were seen for inpatient services alone. More than 90 percent of patients who enrolled remain in the program.

**Poster Content:  
Jersey City Medical Center – Barnabas Health**

**Wealth from Health: Patient Engagement Incentive Program**

**Overview**

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**Problem Identified**

Despite Jersey City’s current services, funding, and infrastructure that support care plans, the hospital found that patients often failed to comply with those plans, resulting in high rates of readmissions and emergency department (ED) utilization for nonemergency visits. Healthier outcomes for this community required more than just increasing access and addressing barriers to care; patients needed to be engaged and become full partners.

**Social Determinants of Health**

The engagement team developed a stratification tool that scores social determinants to help navigators and administration focus resources. In addition to common determinants such as health literacy, insurance status, financial assets, transportation needs, and language barriers, the tool also examines cultural backgrounds as they pertain to health and disease, belief in one's ability to affect change, family support, access to and desire for fruits and vegetables, etc. The team found that a timely appointment with a primary care physician often was not the barrier to compliance, but rather the need to pay a utility bill or rush to a school event.

**Partnerships**

Wealth from Health members can access dozens of local vendor partners who provide discounts for choosing healthy options or behaviors. Partners offer more than the typical wellness discounts (gym membership, yoga studios), but also meet patients in places people frequent, including fast food emporiums and restaurants. For example, partners may establish that choosing a healthy option such as salad rather than fries with a meal can reduce the cost of that meal by 10 percent, as can choosing from the lite-choice menu (for example, a veggie wrap) rather than a doughnut at the local coffee shop.

**Results**

More than 1,200 patients with chronic disease volunteered for enrollment in Wealth from Health during a two-year period. Patients received an assigned bachelor’s-level, non-registered nurse navigator and reward points, which were converted to gift cards, for compliance with education, self-management, and care plan goals. Both costs and utilization for the ED and hospital decreased based on a comparison of one year before the intervention to one year after. Additionally, more than 90 percent of patients who enrolled remain in the program.

**Charts/Graphs:  
Please submit one or two high resolution charts or graphs that you would like included on your poster to Kristin Sinko at** [**ksinko@essentialhospitals.org**](mailto:ksinko@essentialhospitals.org) **no later than Wednesday, April 16.**