



BRIEF

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# The power of backbone organizations to advance cross-health system outcomes

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*A case study of the Camden Coalition's Regional Pregnancy Care Initiation demonstration*



# The power of a community backbone

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This brief describes a radically different approach to addressing the needs of people with complex health and social needs. Sharing detailed information between competing health systems' emergency department (ED) records would be a non-starter in most regional healthcare markets, but this is where the value of backbone organizations like the Camden Coalition comes in. Our partners want better care for high-needs populations in South Jersey and trust that the Camden Coalition is not trying to steer patients to select health systems or upset important volume targets. As a result, they are willing to work on cross-system efforts. This brief describes those efforts through the lens of a maternal and child health case study.

Like an engine, backbone organizations can power innovation across a community by kickstarting and managing the process of program design, implementation, evaluation, and integration into the existing ecosystem of care.

A backbone organization is defined as an entity that provides support and coordination for collaborative efforts, rather than directly providing services itself. Backbone organizations facilitate communication, data collection, and strategic planning among partners and other stakeholders in order to optimize their contributions, align their efforts, and maximize their collective impact.

In the case of the Camden Coalition's South Jersey regional pregnancy care initiation program, we brought competing EDs and OB/GYN practices together around the common goal of improving maternal health

outcomes. We took the lessons we learned from the demonstration phase and partnered with a regional maternal health hub to deepen its impact in alignment with organizational and state Medicaid priorities. We continue to provide data and training support and are working together to pursue additional funding to expand and further enhance the workflow.

We believe this backbone model for turning local innovation into ongoing impact — by collaboratively identifying unmet needs; developing, testing, and refining new approaches; and integrating what works into a region's care delivery ecosystem — can be replicated in communities across the country. By working together and in alignment with state priorities, this process reduces fragmentation, strengthens the fabric of a community ecosystem of care, and improves care experiences and outcomes for patients across the health and social care continuum.

# Background

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From its inception, the Camden Coalition has brought together a diverse group of healthcare, social service, and community partners focused on using data-driven approaches to care for people whose health and social needs are not well served by the status quo, driving them to the ED more than necessary. Starting in Camden, we understood from our clinical work that provider fragmentation and broken systems were major drivers of poor outcomes, requiring new practices and ways of working together to generate meaningful change.

Our work started with patients but pretty quickly expanded to the systems level. Twenty years later, the Camden Coalition serves a backbone role in the South Jersey community, partnering within and across sectors — often with providers that otherwise compete — to improve care. Through demonstration programs, we seek to show what works and what doesn't, and then we find ways to scale and sustain what works as part of the larger ecosystem of care for people with complex health and social needs.

In 2020, the Camden Coalition's backbone role was [codified in state statute](#). The Camden Coalition and non-profit organizations in three other New Jersey cities — Newark, Paterson, and Trenton — were designated [“Regional Health Hubs”](#) (RHHs), making New Jersey one of the first states to codify a backbone model into law as part of its Medicaid program.

The RHHs are designed to serve as a bridge between the state Medicaid office and the providers who serve Medicaid beneficiaries in different regions of the state. To guide their work, the RHHs operate health information exchanges (HIEs) that securely collect health and other data for beneficiaries in their region, helping them to identify patterns and unmet needs. The RHH designation supports an infrastructure for convening local health providers, social service agencies, community organizations, and residents to identify problems, demonstrate new approaches, and determine how to sustain long-term improvements to care delivery.

Nationally, New Jersey's RHH model is part of a larger trend of designating or creating intermediary convening and coordination organizations that serve a host of functions, [streamlining and standardizing](#)

[practices](#) within the multi-layered and fragmented landscape of health and social care organizations that serve Medicaid beneficiaries. Several Medicaid 1115 waivers include the use of such intermediaries to coordinate between managed care organizations (MCOs) and community-based organizations (CBOs), in states like North Carolina (Community Care Hubs), New York (Social Care Networks), and Washington (Accountable Communities of Health).

This brief uses a maternal and child health case study to describe how the Camden Coalition uses its backbone role as an RHH to catalyze cross-provider innovation in South Jersey. As a backbone, our responsibility is not to hold the solution, but to ensure the solution takes root — and thrives — within an ecosystem of competing and differently incentivized providers.

We do this through a collaborative process that intentionally targets fragmented pieces of the care ecosystem — hospitals, clinics, health departments, payers, community groups, and others — in ways that yield efficiencies and better health for people with complex health and social needs, and in particular, people who are often the hardest to reach among those with complex needs.

In this brief, we identify and design cross-provider/payer demonstrations, what building the infrastructure for collaboration looks like, and how we work with partners to ensure the sustainability of successful initiatives. The brief closes with recommendations for other backbone organizations, based on lessons learned from our pregnancy care initiation work in South Jersey.

# The Camden Coalition's process to identify cross-provider/payer demonstrations

Our pregnancy care initiation demonstration – launched by the Camden Coalition in 2021 and adopted and sustained by a regional partner, The Cooperative (formerly Southern New Jersey Perinatal Cooperative), since 2023 – is a powerful exemplar of the role a backbone organization can play in a regional health ecosystem.

## At the Camden Coalition, our process includes:

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**Identifying unmet needs** in our community that are resulting in poor health outcomes and inefficient care, based on the experiences of patients, providers, partners, and community members.

- ▶ **Engage stakeholders** including community members, competing health systems, federally qualified health centers, social service organizations, and government agencies in co-designing solutions
- ▶ **Define problems** from the perspective of people who are poorly served by existing care models, as well as from the perspective of clinicians and frontline staff who are increasingly burned out by current system design
- ▶ **Leverage data** from the Camden Coalition Health Information Exchange (HIE) to identify gaps in the continuum of care

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**Developing, testing, and refining new approaches** to meet those needs through demonstrations. This always involves data analysis and what we call “activating” the data to respond to peoples’ needs in real time.

- ▶ **Test new approaches** in partnership with local health and social care providers
- ▶ **Refine models** based on data and feedback from patients, providers, community members, and policymakers
- ▶ **Use evidence** from demonstrations to establish the value of sustaining effective models

If the results are positive, **integrating the initiative into South Jersey's ecosystem of care** as a sustainable practice, policy, and/or program.

#### Take what works and:

- ▶ **Identify partners** who are best positioned to incorporate effective models into their ongoing operations;
- ▶ **Support the transition** from pilot to on-going sustainable programming
- ▶ **Facilitate scale** through dissemination of lessons and best practices
- ▶ **Advocate for policy change** and long-term funding mechanisms
- ▶ **Support replication** in New Jersey and around the country through training, technical assistance, and capacity building

#### Take what doesn't work and:

- ▶ **Identify lessons** or next steps to carry into our next demonstration

The Camden Coalition's [National Center for Complex Health and Social Needs](#), launched in 2016, enables the impact of our demonstration work to resonate far beyond South Jersey. What we demonstrate here is introduced to communities, states, and organizations across the country through our National Center's technical assistance and training work — and our local demonstration work benefits from the innovations of our partners across the country.



**"The Camden Coalition's whole job is to tackle the hard problems. When you have a convener like that, it really makes all the difference."**

*— April Venable, Senior Vice President for Operations, Strategy, and Transformation, Inspira Health Network*

# Designing the pilot

Launched during the COVID-19 pandemic, our pregnancy care initiation initiative brought together the Camden Coalition, primary and OB/GYN practices, and competing health systems across multiple counties in order to connect pregnant patients<sup>1</sup> from EDs to ongoing care.

When the demonstration was designed in 2019, New Jersey had the fourth highest maternal death rate in the US. A [review](#) found at least 80 percent of pregnancy-related deaths between 2016 and 2018 could have been prevented with better management of pregnancy complications and pre-existing risk factors, such as hypertension. System-level factors, including the lack of continuity of care and proper care coordination, were cited among the top contributing factors.

People of color were particularly impacted by these factors. Between 2016 and 2018, Black and Hispanic people in New Jersey who were pregnant were 6.6 and 3.5 times more likely, respectively, to die of pregnancy-related causes than white people who were pregnant.

At the start of his administration in 2018, Governor Phil Murphy made improving maternal and child health a key state priority. In 2019, through the Office of the First Lady, Tammy Murphy, the state launched Nurture NJ, a multi-pronged, multi-agency strategic plan aiming to

make New Jersey the safest and most equitable place in the nation to deliver and raise a baby. As part of this initiative, in 2022 the state revamped its Central Intake system, rebranding it Connecting NJ and establishing a novel county-based, single point-of-entry system to facilitate access to a wide range of family-focused resources — spanning healthcare, pregnancy care, early childhood programs, home visiting services, public benefits, legal aid, and more.

In this supportive context, we recognized the strong potential of our pregnancy care initiative program to greatly improve maternal and child health in our region. However, the challenge facing prenatal care programs in the region — as observed by OB/GYN providers, ED providers, and community partners — was how to identify pregnant people earlier in their pregnancy and connect them to care. To address this, we leveraged our backbone role to use data from the Camden Coalition HIE to chart a new path forward.

**"We had been trying forever to find folks who aren't known to the obstetric community. The idea that we could reach them earlier — during a very impactful moment in their pregnancy — and offer them services was magical. We always knew a brochure in the ED was not going to do it."**

— Helen Hannigan, President & CEO, The Cooperative



<sup>1</sup> Most pregnant people, those accessing maternal healthcare, and those included in maternal mortality statistics identify as women, but not all. Throughout this document, we use the terms pregnant people, patients, and individuals, as well as pregnancy-related care and mortality, for the purpose of inclusivity and accuracy. We also use maternal health and maternal mortality, recognizing that they are the most widely used and understood terms currently in our field.

## The Camden Coalition Health Information Exchange

Since launching more than 15 years ago, the Camden Coalition Health Information Exchange (HIE) has served as a foundational tool for our regional care management and clinical redesign programs, as well as a data bridge between our partners' work throughout South Jersey and beyond. Now with nearly 50 organizations contributing to the HIE database, it has become an invaluable resource for collaborative research, evidence-based practices, and improved outcomes in value-based care.

The HIE is comprised of Medicaid claims data for each beneficiary in the seven South Jersey counties, as provided by the state's Department of Human Services, and clinical data is shared as described in the infographic below. Today, the Camden Coalition HIE allows data sharing for almost 50 organizations, including health systems and providers across the seven South Jersey counties of Camden, Burlington, Cumberland, Gloucester, Salem, Atlantic, and Cape May County — a population of 3.5 million New Jerseyans.

In a retrospective analysis of Camden Coalition HIE data, we found that there were more than 2,000 pregnant individuals annually across five South Jersey counties who had sought care from one of 13 local EDs but had no HIE record of receiving prenatal care. Some may have sought care elsewhere or perhaps thought it was too early in their pregnancy to seek prenatal care. But for those who wanted and needed care, there was no process in place for tracking or following up with them, and ED staff could only make recommendations that patients seek prenatal care; they didn't have the means to provide scheduling assistance.

We proposed a radically different approach. We suggested using the HIE to create a daily triage report that flagged people whose pregnancy was recorded in the data feeds from EDs but had no record of receiving prenatal care from an outpatient provider.

Sharing detailed information from competing institutions' ED records would be a non-starter in most communities, but this is where the value of backbone organizations like the Camden Coalition comes in. Our partners want better care for high-needs populations in South Jersey and trust that the Camden Coalition is not trying to steer patients to select health systems or upset important volume targets. As a result, they are willing to work on cross-system efforts.

The next step of the demonstration was to assign these flagged patients to OB/GYN practices affiliated with health systems and local community health centers based on records of where they had previously sought care. We also offered to coach the practices on how to reach out to people who weren't expecting their call. Seven organizations signed on, including the region's four competing health systems, three federally qualified health centers, and The Cooperative,<sup>2</sup> a nonprofit serving as one of the state's three regional maternal-child health hubs. This was more than expected. Our partners were excited about the promise of this initiative to make a real impact on the state's maternal mortality rate.

Throughout the course of the initiative, we set up the infrastructure for tracking key measures of success, including the number of patients outreached, engaged, and supported through this workflow. The team also tracked the percentage of patients delivering at regional hospitals who had initiated pregnancy care during the first trimester, as a way of tracking trends and fluctuations over time. For the health systems and community health centers that participated in the program, taking part in a collaborative effort would also allow them to learn from each other's successes and failures, while sitting it out could mean losing patients to another organization. Equally important, the demonstration was also a chance to gain a more comprehensive view of patients' needs.

<sup>2</sup> The hub was formerly known as the Southern New Jersey Perinatal Cooperative

# Building the infrastructure for collaboration

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Because so many of the Camden Coalition's demonstrations focus on breaking down silos and fostering collaboration between health systems, social service providers, and CBOs, they often require opening new lines of communication and developing shared workflows. In the early stages of the demonstration, our clinical redesign team worked closely with staff in the EDs and OB/GYN offices to understand what challenges they anticipated or encountered as they began communicating with providers outside of their own systems.

One challenge was preparing the staff in OB/GYN practices to make outbound calls to people who hadn't yet asked for support. There was considerable trepidation about cold-calling people.

"Most [maternal health] interventions start when somebody shows up to prenatal care. It's a very specific choice to call someone before it's really known by the healthcare system that they are pregnant," said Natasha Dravid, the Camden Coalition's Chief Strategy & Advancement Officer.

We designed a script that incorporated key lessons from our decades of work engaging patients with complex medical and social needs and often a history of trauma. Over the first year, the practices were able to reach more than 50 percent of the people they called — a higher share than expected given the difficulty of reaching Medicaid beneficiaries by phone. To identify roadblocks and improve results, our staff met with each site monthly, offering one-on-one coaching.

"We were attached at the hip for a while," said April Venable, Senior Vice President for Operations, Strategy, and Transformation for Inspira Health Network, an integrated delivery system in South Jersey.

We quickly learned that the calls were uncovering a range of needs we hadn't anticipated — the direct result of successfully engaging people in care far earlier in their pregnancies. About 13 percent were experiencing confirmed or potential miscarriages. A smaller share was considering terminating their pregnancy, while others were still adjusting to their pregnancy and looking for other supports including transportation to medical visits, access to healthy foods and baby supplies, and ways of offsetting out of pocket expenses related to their care. Intake teams became more deliberate about connecting staff and clients to resources beyond their own prenatal care offerings, including programs for bereavement and support for mental health needs, abortion and options counseling services, and resources for transportation, food, and baby supplies.

# Sustaining a successful approach

Seeing success, the Camden Coalition and our partners wanted to move this workflow from a demonstration to an ongoing program.

What this looks like varies. In some cases, it makes sense for us to continue a demonstration as part of our function as an RHH, while in other cases, a health system or other partner is the more appropriate long-term organization to house the program. There are also projects where sustainability is not possible without changes to state or federal policy.

Our initial plan for the pregnancy care initiation demonstration was for regional OB/GYN practices to assume responsibility for outreach. However, the practices determined it would be challenging to dedicate staff members to this responsibility long-term. After more discussion, The Cooperative agreed to embed the program into its operations. Helen Hannigan, The Cooperative's President & CEO, thought it was far too valuable to let go.

"We haven't seen improvements in maternal health measures in the community, even though the client population that we serve has great outcomes." Helen said. "Getting the people who aren't already being referred to us is the only way we're going to make that happen."

We facilitated the transition by working with The Cooperative to develop a staffing structure and adapt their outreach process. When making outbound calls for its other programs, The Cooperative typically found only 30 percent of people wanted help. When staff began calling people using reports generated from the HIE, 70 percent of the people reached wanted help, and many needed multiple supports — not just the services of a single program Helen's staff usually managed.

"These calls overwhelmed my staff in a way I'd never seen before," Helen said.

Camden Coalition staff offered training on how to triage and respond to multiple needs, which helped The Cooperative's staff adjust to managing competing demands.

Since The Cooperative took over the prenatal care initiation workflow in August 2023, they have successfully contacted more than 8,000 pregnant people, averaging outreach to more than 400 patients a month. They have an impressive acceptance rate of 20%. Over the course of the project, about 72% of individuals who delivered at the four hospitals across the region had initiated pregnancy care in the first trimester. An evaluation of the impact of the program on the initiation of pregnancy care and other outpatient services is currently underway.

**"What made this demonstration really special was that it was meeting families where they are and ensuring they're getting care in an easy, efficient way. It pulled together a lot of the elements we've been trying to tackle over the past few years."**

*— Lauren Lalicon, Policy Director, Office of the First Lady of New Jersey, Nutre NJ Program*

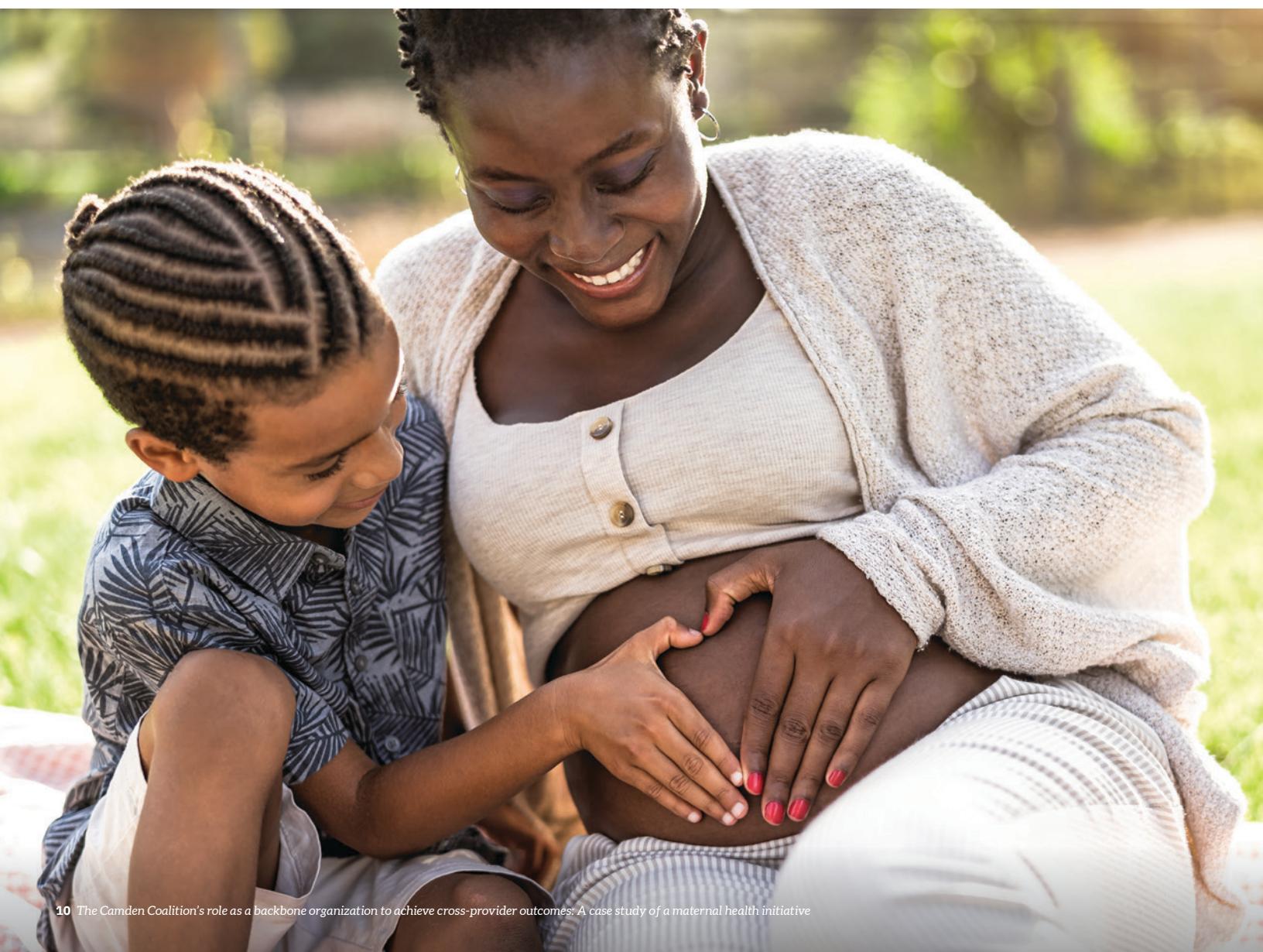
# Further scaling and next steps

Inspira Health, one of the health system partners in the original demonstration, saw The Cooperative's success in sustaining the pregnancy care initiation workflow and spearheaded efforts to bring their region's Connecting NJ site, Acenda Integrated Health, into the workflow to expand its reach to New Jersey's Gloucester, Salem, and Cumberland Counties. Since launching outreach in Gloucester and Salem Counties in April 2024 and Cumberland County in November 2024, Acenda has been averaging outreach to 165 patients a month and has successfully supported 119 patients (13% acceptance rate).

In early 2025, we finalized an integration of the Camden Coalition HIE and the Connecting NJ

data system, CNJ Link. This integration has given Connecting NJ sites increased ownership of the workflow and opens new possibilities for us to scale the workflow to other Connecting NJ sites across the state as funding opportunities allow.

Regional partners have identified the value of using this workflow to reach at-risk subpopulations of pregnant individuals. In January 2025, in partnership with Acenda and the Salem County Health Department, we began using the existing outreach workflow to connect pregnant people with hepatitis B/C or substance use disorder (SUD) diagnoses to the health department for treatment and/or resources.



# Lessons learned

Despite recent efforts to connect health care and social needs, healthcare and social services providers remain very fragmented at the local level. We believe that one critical solution is for backbone organizations like the Camden Coalition to support coordination and collaboration, especially for programs serving people with complex health and social needs.

Here are some lessons learned from the process of transitioning this pregnancy care initiation workflow from a demonstration to an ongoing program, which may be instructive for other backbone organizations:



## Identify sources of sustainability up front

The pregnancy care initiation demonstration was able to transition readily to The Cooperative and Acenda Integrated Health because there was an existing pathway for scaling and sustainability (Connecting NJ) that both sites were uniquely positioned to tap into. Identifying potential sources of long-term funding and governmental support early in the demonstration design phase means an established path forward once the program is ready to transition.

**"The Camden Coalition has been an invaluable partner to Nurture NJ, particularly through their direct support of mothers in southern New Jersey. Their Safer Childbirth Cities Pilot Program is an innovative approach that ensures mothers receive the proper care at every stage of their pregnancy for a safe and healthy birthing experience.**

**Further, conducting formal evaluations to measure the success of any program, especially one involving maternal health outcomes, is crucial, and we were thrilled to support the Coalition in this effort. I look forward to this program advancing our mission to make New Jersey the safest, most equitable place in the nation to deliver and raise a baby."**

*— Tammy Murphy, First Lady of New Jersey*



## Engage the top leadership of participating organizations early on

Because the CEO of The Cooperative was at the table in the early stages of the demonstration, she understood the value of the program and had the authority and resources to sustain it. Similarly, having high-level staff from Inspira Health on board from the beginning meant that expanding the workflow to the counties they serve was an easy sell.

## Collaborate, don't compete

A backbone organization's role is to strengthen its community's ecosystem of care by reducing service duplication and fragmentation. That means recognizing local partners' areas of expertise and building their capacity to lead in those areas — rather than attempting to retain a competitive advantage by keeping a successful demonstration in-house. Backbone organizations can bring competitor organizations together to foster collaboration that benefits the whole community.

## Be clear about your role vs your partners' roles

When deciding how to integrate a successful demonstration program into the ecosystem of care, consider your and your partners' respective strengths, capacities, and roles. How can those be

maximized through collaboration? In this instance, the Camden Coalition leveraged our expertise in change management, using data from our HIE, and training in patient engagement to maximize The Cooperative's expertise, funding, and capacity in maternal health. Role clarity made a smooth transition possible.

## Be thoughtful about the data you're collecting to evaluate and gain support

To build the case for continuing or scaling a successful demonstration, stakeholders and funders will be interested not just in the process data and descriptive data of your population, but also in metrics that get at the objective impact of the intervention. As you set up your demonstration, think through what kind of results you want to be able to show, and work backwards to ensure you are collecting the data you'll need to collect to make that case.

An evaluation partner can be very helpful in getting the balance right as you juggle multiple considerations. On the one hand, once you begin data collection, it can be difficult to make changes or additions to what you are collecting without compromising the rigor of a potential evaluation. On the other hand, creating a time-intensive and overly burdensome data collection process can get in the way of care delivery. Always keep a change log so that once you are evaluating the demonstration, you can confirm things like periods of low staffing or a shift in workflow that may have had an impact (positive or negative) on your outcomes.

## Document processes and create materials that can be handed off

As you implement the demonstration, you'll need to create tools, processes, and systems that will allow you to do the work efficiently. These might include training materials, outreach scripts, documentation guides, resource guides, workflow documents, and more. As you create these, keep in mind that if you decide to replicate or scale your program, these tools will be useful to any other potential implementation partners. As you create these materials, file them carefully so that you can hand them off to partners and even adapt them for your own future projects.

## Engage with partners all along the way

To ensure continued buy-in, keep all partners — including funders and relevant government agencies like Medicaid — abreast of demonstration progress and planning. Brief them with data, give regular updates, and invite them to come see the demonstration in action. Proactive and consistent engagement can lead to additional funding opportunities, including funding for evaluation of the expanded demonstration.

## Be flexible and open to multiple potential transition plans

Initially, we thought that we would integrate the pregnancy care initiation initiative into the South Jersey ecosystem of care by making the workflow standard of care in all OB/GYN offices in the region. But because we were open to other possibilities, when our OB/GYN partners were honest with us that they couldn't take on the workflow, we were able to pivot to a different transition plan that maintained the regional reach for the program that we hoped for.

## Stay connected after the program is handed off

Backbone organizations can continue to support the organizations that have implemented and scaled the demonstration program through data infrastructure, coaching, and evaluation. It is also critical to continue elevating and advocating for the program to your state Medicaid office and other state agencies that you work with.



## About the Camden Coalition

The Camden Coalition works to improve care for people with complex health and social needs in Camden, NJ, and across the country. The organization implements person-centered programs and pilots new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, its community-based programs improve outcomes for some of society's most vulnerable individuals.

The Camden Coalition's National Center for Complex Health and Social Needs (National Center) connects complex care practitioners with each other and with data, tools, and other resources.



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