Healthy New Jersey 2030- Access to Quality Care Action Team Meeting
Meeting Date: 06/17/2020 10:00 AM
Location: Virtual- GoToMeeting meeting
Next Meeting Scheduled: 07/15/2020 10:00 AM

The meeting expectation will be monthly two hour meetings either in-person at a central location or web-based virtual meetings. We will continue to meet virtually for at least next meeting via remote meeting platform.

ATTENDED:

- Bageshree Cheulkar - Virtua Health– Co-chair AQC Team, HNJ2030 Advisory Council
- Kwaku Gyekye - RWJ Barnabas- Jersey City Medical center-Co-Chair AQC Team, HNJ2030 Advisory council
- Yvonne Mikalopas- NJ DOH- Oral Health, HNJ2030 Coordinating Committee
- Roger Sarao- NJHA
- Linda Schwimmer- NJ Health Care Quality Institute
- Jon Tew- Camden Coalition of Health Care Providers
- Maria Baron- NJ DOH- HNJ2030 Coordinating Committee

DISCUSSION NOTES:

- Workplace COVID-19 survey reminder- deadline for completion was June 15, however can still fill out late entries.
- Updates from Healthy NJ Advisory council meeting held on June10.
  - Shift of timeline

  - Introducing 5Ps and S for Focus Issue discussion:
    - find existing Plans, Policies, Procedures, Projects, Protocols and Strategies
    - identify gaps
    - Fill the gaps
  - Reframing objectives and Data availability- as this groups had already discussed-
    - SMART Objectives to be developed in the end
    - Brainstorming for 5Ps- don’t limit on what is available Vs not
    - Data availability- don’t limit whether data exists

Continued discussion on re-organized focus issues groups:

Based on Levers of Change and try to look at issues:

- Downstream - what needs to change over 10 years and how?
- Upstream – how are goals and objectives measured currently, what data is available and what missing? How should we fill any gaps or recover missing information/ data?
Realigned Categories:

I. Technology:
   - Electronic Health Records (EHR)
   - Health Information Network -
     - Health Information Exchange (HIE)
   - Data collection (databases- older systems)
   - Tele health (high quality, secure - HIPPAA compliant platforms)

II. Quality Care and Safety:
   - Infection Control measures
   - Quality and safety measures

III. Access to Care and Affordability:
   - Cost of care,
   - Medications,
   - Health Insurance
   - Patient Rights- (Bill of Rights)
     - Quality
     - Costs
   - Safety scores, Transparency in public reporting
   - Linguistic and culturally competent care

IV. Health Systems Structure: discussion
   included clarification of this group and focus issues included-
   - Professionals,
   - Hospitals
   - FQHCs
   - Nursing Homes, LTCs
   - Health Departments
   - Behavioral Health integration- social support
   - Addiction
   - Community Based – Home Health, Doulas- midwives, etc.- clarification needed with Health families and healthy communities team on what will be included in their focus issues topics
   - Oral health integration

- Access to Quality Care team to address issues related to direct care and provides- clarification form other Action teams: Healthy Families, Healthy Communities and Healthy Living on some topics/ issues that may be of dual interest:
  - community health workers, doulas,
  - first responders- BLS/ ALS,
  - Behavioral Health social support network
  - Pediatric/ elderly- senior care services
- Include effects of Pandemic to current health care delivery:
  - Tele- health
  - Infection control/ prevention
  - Quality and Safety
- Each ACT member to participate in deeper conversations and research on focus issues. Identify experts in our organizations or external networks to include in the team for further research on focus issues. Seek out expertise from other ACT applicants who can be included in the team for further discussions and inputs.
ACTION TEAM MEMBER UPDATES:

- **Roger Sarao** (NJHA): NJHA Bulletin- Acute Care hospitals and operations affected- decreased revenue and increased expenses- assessing Financial impact on health care facilities (hospitals, nursing homes)- NJ (29%) comparable to National (30%) numbers.

- **Selina Haq** (NJ Primary Care Association): did not attend


- **Linda Schwimmer** (NJ Health Care Quality Institute): Virtual activities continue- perinatal care recommendations, end of life care. Veterans Health needs- webinar, policy change recommendations- insurance open enrollment- small employer;

- **Marcela Maziarz/ Robin Ford** (NJ DOH): unable to participate since busy with COVID-19 work.

- **Maria Baron** (NJ DOH- HNJ2030 Coordinating Committee): unable to participate.

- **Megan Avallone** (New Jersey Association of County and City Health Officials): unable to participate since busy with COVID-19 work

- **Jon Tew** (Camden Coalition of Health Care Providers): Supporting contact tracing- State pilot- HIE data helpful.

- **Kwaku Gyekye**: Jersey City Medical Center (RWJ Barnabas Health) closing on NJ DSRIP reporting requirements, decline in volume; communication material for patients, increasing provider capacity with tele-health support.

- **Bageshree Cheulkar**: Virtua Health in South Jersey working on reactivation of services in phases since May26; Food access programs ongoing aggressively – mobile food pantry (modified mobile farmers market combined with food pantry items) while also supporting with prepared meals (frozen) delivery for some high-risk patient population; NJ DSRIP final reports submission underway.

NEXT STEPS:

- Assignment of focus issues to each ACT to continue research and detailed discussion on topics.
- Expand ACT to include experts and members form missing topics
- Next Meeting Scheduled: 07/15/2020 10:00 AM.