

Healthy New Jersey 2030- Access to Quality Care Action Team Meeting
Meeting Date: 04/15/2020 10:00 AM
Location: Conf. call# +1-856-762-2962; Conference ID: 28238 / Skype meeting
Next Meeting Scheduled: 05/20/2020 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, HN2030 Advisory Council
- Kwaku Gyekye - RWJ Barnabas- Jersey City Medical center-Co-Chair AQC Team, HN2030 Advisory council
- Yvonne Mikalopas- NJ DOH- Oral Health, HN2030 Coordinating Committee
- Selina Haq- NJ Primary Care Association
- Linda Schwimmer- NJ Health Care Quality Institute
- Jon Tew- Camden Coalition of Health Care Providers
- Maria Baron- NJ DOH- HN2030 Coordinating Committee

DISCUSSION NOTES:

- Timeline for Healthy NJ 2030 and Activities of Advisory Council since late 2019 - early 2020 outlined.
- Tasks and timelines for Action Teams outlined for 2020 and forward- timelines fluid considering current COVID-19 situation and ACT members availability and participation in meetings.
 - Team members are expected to initially participate in decision making and eventually leverage expertise in their organizations and networks to operationalize the action items developed for the State Health Improvement Plan (SHIP). Discussions and Recommendations from each Action Teams
 - *Data may be unavailable on certain focus issues – team will be tasked to create guidelines/ recommendations to develop data collection on such important focus issues.*
- 4 Topic Area Categories- described with included focus issues:
 - Access to Quality Care,
 - Healthy Communities,
 - Healthy Families,
 - Healthy Living

Along with cross cutting issues of:

- Equity,
- Policy and
- Resilience.

Team discussion on Focus issues outlined under Access to Quality Care Topic Area:

Tele- Health:

- Importance of tele- health during current situation of COVID-19 and how providers and patients adapted to using technology for ambulatory patient care.

- Adoption and Utilization of tele-health in the past few weeks- initially decreased volume, however picked up slowly. Still lack of availability and adaptability in underinsured and uninsured population.
- Telehealth related to Oral health care in dentistry and reimbursement
- Policy related to utilization of tele-medicine and reimbursement.
- Equity issue- with regards to availability of technology and access to devices- iPads, mobile phones, laptops for certain patient population.
- Education to providers and patients for using technology and tele-medicine platforms.

Transportation:

- Access issue for health care provision.
- Transportation assistance provided through community benefit programs at Health/ Hospital systems through ride-share services,
 - Have shown decrease in no-show rates for doctor appointments.
 - Tracking patient outcomes in long-term.
 - However expensive investment and need for Economic Value Analysis.
 - Smaller health clinics and FQHCs cannot afford ride-share services
- Policies related to reimbursement for transportation.
- Transportation provided through Logisticare for Medicaid patients. Service gaps identified.

Continuum of Care:

- Currently only emergency care provided- however importance on refocusing on chronic disease management and preventive care including oral health care.
- Quality of care during crisis state affected.
- Possibility of outbreak of other diseases due to lack of care during crisis.

Behavioral Health care:

- Access to Quality care will include Behavioral health care as focus issue pertaining to providers and facilities rather than patient's physical –mind- body-soul care which can be rather discussed in Healthy Living Team
- Indicators of behavioral health care quality existing and data reported currently by hospitals on various measures.

Electronic Medical Record:

- Electronic health records sharing with community support agencies via HIEs
 - Access to record whether will be included in healthy communities for access to medical information, otherwise very well can be discussed under Patient rights.
- Health records released electronically for patient access through various digital platforms- need to combine to a single record. Various efforts from hospital systems to promote electronic record access for patients to view their health summaries, test results, appointments, etc. as well as reach their provider with any questions, concerns.

- Network directories related discussion to access to provider information with regards to transparency and accuracy.
 - Provider directories through Insurance agencies have inaccurate information listed.

Palliative Care:

- Discussion on End of life care especially during this COVID-19 situation where end of life care is provided in absence of family and decisions have to be made by providers in emergency.

Medical Home:

- Request to include dental care within Medical Home to describe- Medical—Dental Home.

ACTION TEAM MEMBER UPDATES:

- Yvonne Mikalopas (NJ DOH): - Oral Health (Integrated Health) connections with grantees and updates from Primary Care Assoc., Oral health Assoc., American Academy of Pediatrics- NJ Chapter- updates on furloughs, staff lay-offs, lack of routine care discussed with different groups.
- Megan Avallone (New Jersey Association of County and City Health Officials): unable to participate since busy with COVID-19 work
- Bageshree Cheulkar: Virtua Health in South Jersey geared up to manage COVID patients in acute care, LTC and Home care- managing patients transported from North Jersey and NYC overflow as well as gearing up for the surge in Greater Philadelphia region. Conserving PPE and other supplies, while protecting staff and patients- universal masking policy, Ambulatory Care via tele-health including Rehab and early intervention. Food access programs ongoing aggressively while also supporting with prepared meals (frozen) delivery for some patient population.
- Kwaku Gyekye: Jersey City medical Center (RWJ Barnabas Health) aggressively providing care coordination and care transitions. Deeper discussion around end of life care- providing care without in-person contact.
- Marcela Maziarz/ Robin Ford (NJ DOH): unable to participate since busy with COVID-19 work.
- Roger Sarao (NJHA): could not attend due to conflicting COVID-19 related meeting
- Selina Haq (NJ Primary Care Association): *could not provide an update- had to leave meeting prior.*
- Linda Schwimmer (NJ Health Care Quality Institute): Working remotely- NJ HCQI providing educational programs for supporting remote working, Telehealth Guides, Webinars for open practices, Infection control protocols, Mental and Physical health, Perinatal care during COVID-19, virtual care- end of life care. Reminder on April 16 National Health Care Decision Day.
- Jon Tew (Camden Coalition of Health Care Providers): Working remotely entirely- support to frontline providers through HIE- resources and education on best practices. Camden Coalition working with local testing center to collect SDoH screening data.

- Maria Baron (NJ DOH- HN2030 Coordinating Committee): Currently supporting COVID-19 work at NJ DOH to collect data from 300+ facilities – daily captures including death related data from death certificates.

NEXT STEPS:

- COVID-19 Survey- HN2 Advisory Council filled out a survey to report on latest updates from respective organizations and communities represented during current situation to gather and report on information. This survey will also be available to ACT members. Action team members requested to provide information.
- Next Meeting Scheduled: 05/20/2020 10:00 AM: Continue to work on Focus issues refinement as we discuss each focus issue through Cross-cutting topic lenses.