

Healthy New Jersey 2030-Access to Quality Care Action Team Meeting

Meeting Date: 10/28/2020 10:00 am - 12:00 pm Location: Virtual

Next Meeting Scheduled: 11/25/2020 10:00 AM

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 (note taker for today's meeting)

Maria Baron-NJ DOH-HN2030 Coordinating Committee

Dr. Steven Landers-Visiting Nurse Association Health Group

Debra Wentz-NJ Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA)

Julie DeSimone-NJ Quality Care Institute

MEETING NOTES:

Welcome/ Introduction

The Action Team welcomed a new member, Damon Koslow, Manager of Primary Care and Rural Health at the Department of Health, Division of Community Health Services. As a reminder, the co-chairs of the Action Teams provide a two-way communication for information sharing for the Action Team from the Coordinating Committee. The Healthy NJ Coordinating Committee represented by a NJ Department of Health staff - Maria Baron, Coordinating Committee members, offers valuable guidance and their previous experience in developing past HN2030 plans, and as a member of the ACT team is instrumental. The AQC Action Team will keep its current membership unless our circumstances change that requires additional members. When the work of the Action Team requires some expansive view, we will reach out to subject matter experts as needed. There was a discussion on how we should approach the subcommittee/subgroup work that we have agreed on to advance our agenda.

Discussion

- Previous minutes and the State Health Improvement Plan ([link](#)) was previously distributed. It is a 138-page document, which provides guidance and perspective as we determine issues and focus topics areas.
- There was discussion to focus on goals, objectives and core strategies now and eventually develop key areas into framework policy recommendation.

- The timeline for HN2030 and for the ACT have been impacted by COVID-19 however regular virtual meetings have continued and the ACTs are getting a lot of guidance from the Department of Health. HN2020 plan presents a credible baseline and what we have to build on.
- A critical piece is to continue to define the ACT objectives and topic areas, incorporating existing plans that are available, and identifying health care expertise. For example, in the Healthcare Integration focus group, some objectives were reviewed into sub categories with some challenge due to the interdependence on other sub groups.
- There is a need to further develop topic areas under the subgroups and what was not initially captured in terms of the sub group issues can be highlighted to enhance a robust overall framework. We have two outstanding meetings for November and December meetings. That is four meeting hours before the end of year to have a documented framework to share with other ACT teams. This is important to share with them so we aren't repeating/replicating what the other teams are doing.
- A critical piece from the September, 2020 meeting are the Community Conversations. There is a focus on COVID-19 experience and this provides an avenue for the Access to Quality Care ACT team to have valuable community input from the final report. Continuous feedback is needed to support the work of the Community Conversations. The goal is to have 500 stories with current submission of about 127. There are some counties not fully represented and the current deadline has been extended to February 1st 2020. Every ACT member is strongly encouraged to share the information and utilize their networks to increase participation.
- There was discussion on the final report reflecting the fact that it needs to be relevant 10 years from now: visionary, incorporate 5 Ps guidance, and crosscutting issues: resilience, policy, equity etc. There should be consideration of what we need to be practical on the selected topic areas as well as including a historical perspective; policy related things that we can funnel through. As we develop the AQC report there is need to build in policy agenda items to ensure sustainability. For example, end of life care: data is needed and policy initiatives needs to be codified – we will need to check in with policy group at state level and review what they know, what kind of structure is most appropriate.

- Be reflective of HNJ process and objective, considerate of data elements as well as the action or initiative that provides sustainable data to build into objective(s). The data elements will be reviewed subsequently at the measurable unit(s) and a determination made as to what to include. There is need for further work at the subgroup level on what's out there and what is available. For example, mental health and health care integration: What is early implementation? Find what exists, look at gap, and close the gap. Other examples: the state oral health plan is being developed but doesn't exist yet (gap); moving diagnostics to technology seemed like a better fit.
- Membership of the subcommittee groups was reviewed and the need for meeting the year-end deadline. New members will be assigned to a subgroup.
 - **Healthcare Integration: Kwaku Gyekye, Yvonne Mikalopas, Dr. Steven Landers, Jamie Weller**
 - **Technology: Jon Tew, Roger Sarao, Megan Avallone**
 - **Access: Selina Haq, Damon Koslow, Debra Wentz**
 - **Quality and Safety: Linda Schwimmer, Bageshree Cheulkar, Ivette Guillermo-McGahee**

Damon Koslow's background is in FQHCs and Jennifer Okwuonu who works with him, is also involved with Primary Care and Rural Health. Damon and Jennifer are currently working on Rural Health and Primary Care Plans.

- The Access to Quality Care team needs to further develop objectives within each identified focus group. There was review of a new Access to Quality Care model (slide 12) which proves a pictorial view of the overall framework. It is critical the team move away from just the initial elements and get into developing objectives. This illustration can be used as a quick guide and also to inform new members what we have discussed and agreed on as a group. We need to pull in cross cutting issues (policy, equity, resilience).



Next Steps

November meeting is a challenge as the meeting date is Thanksgiving Eve, however, it was decided that we will keep the scheduled date, Wednesday, November 25th, 10 am. *We will meet as a group for the first hour for updates and then break out into separate subgroup meetings for the remaining time.*

Subgroups should consider what core problems are present and what we identify for the residents of NJ going forward? What are the needs including barriers and challenges. There is a need to understand the historical perspective so we can make sustainable changes. It is critical to remove barriers to get to the disparities and further resources.

Member Updates

Updates were given by each member present on call:

Julie DeSimone: provided an update on current projects of NJQHI and is available for anyone who would like to speak with her. COVID has seriously impacted their work.

Steven Landers: There are more people in Home Health services now than ever before COVID-19 and they are trying to keep up with staffing.

Kwaku Gyekye: Dropped volume in patients with chronic illnesses who are not seeking care so where/how are they getting care is under review; lots of challenges with getting participation on a virtual platforms, ease of use, care coordination and health education; difficult to get to the targeted population.

Maria Baron: DOH has submitted a COVID vaccination plan to HHS/CDC and unveiled it publicly; lots of DOH staff involved in that. Hoping report will be ready in December, 2020 to share with the larger group. Maintain, add on and what each means.

Yvonne Mikalopas: The Oral Health Services unit is preparing to meet with stakeholders to share a review of key findings. Key findings will inform the State Oral Health Plan.