



ACCESS TO QUALITY CARE ACTION TEAM MEETING

MEETING MINUTES

NOVEMBER 5, 2025

ATTENDANCE

| | | |
|-------------------|------------------|--------------------------|
| Kandice Cooper | Erika Lobe | Maria Baron |
| Melissa Hernandez | Natasha Moore | Camilla Comer-Carruthers |
| Elizabeth Hill | Michael Seserman | Loretta Kelly |
| Colleen Kendrick | Wendy Sheay | |

MEETING

Introductions took place at the start of the meeting. The Action Team reviewed areas of expertise and geographic representation currently missing from the team. Camilla invited members to suggest individuals who could fill these gaps, particularly in healthcare quality and safety, data and technology, and participation from southern New Jersey organizations. The ACT is also seeking self-nominations for the Chair/Co-Chair position.

The ACT members reviewed the revised list of objectives, and Camilla responded to their questions from the previous meeting regarding the selection process of the objectives and strategies. Maria posted links in the chat to the HN2020 objectives and their final status:

- <https://www.nj.gov/health/chs/hnj2020/>
- <https://www.nj.gov/health/chs/hnj2020/dashboards/by-objective/>
- [Final Status by Topic Area and Population Group](#))

There was a question about future opportunities to examine disparities for people with disabilities in accessing primary care. Maria provided a link to NJSHAD related to primary care providers that can be queried to assess for disabilities ([NJSHAD - New Jersey Behavioral Risk Factor Survey Data - Usual Primary Care Provider \(Medical Home\), Age-adjusted Query Builder](#)) and a another link [NJSHAD - With a Disability -Disability Status - Chronic Disease Indicators](#)).

One member noted that many Primary Care Providers (PCPs) are now utilizing patient portals but people who are older or do not have access to computers and smart phones/technology may have difficulty with this aspect of patient-provider communication. With regards to quality and safety objectives, it was suggested that prevention quality indicators within Healthcare Effectiveness Data and Information Set (HEDIS) could be considered. *Note: The HEDIS is one of health care's most widely used performance improvement tools. More than 235 million people are enrolled in plans that report HEDIS results. HEDIS includes more than 90 measures across 6 domains of care: 1) Effectiveness of Care; 2) Access/Availability of Care; 3) Experience of Care; 4) Utilization and Risk Adjusted Utilization; 5) Health Plan Descriptive Information; and 6) Measures Reported Using Electronic Clinical Data Systems ([HEDIS - NCQA](#)).*

The ACT members were divided into two breakout group [1) Healthcare Accessibility & Affordability and 2) Provider and System Level Infrastructure] to brainstorm a list of existing assets and resources that can be leveraged to achieve the stated objectives.

In the interest of time, the other agenda items were tabled and Camilla stated that she would send an overview of those items in an email for review and discussion at the next meeting.

ACT members were asked to review and sign the HNJ Membership Manual and Confidentiality Agreement. They were also asked to email Camilla with nominations for additional ACT members and/or self-nominations for the Chair/Co-Chair position by Friday, November 21st.

The meeting was called to a close at 2:05pm.

Next meeting: **Wednesday, December 10th at 1:00 pm**