



HNJ2030

ACCESS TO QUALITY CARE

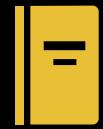
ACTION TEAM MEETING

December 10, 2025 1-2pm

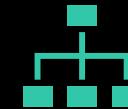
A G E N D A



Meeting Feedback



Action Plan and Resources Review



Action Team Chair



Next Steps

ACTION TEAM MEETING FEEDBACK

- Quality & Safety Objective
- Disparities in Access to Care by:
 - Race/Ethnicity
 - Sexual Orientation / Gender Identity (SOGI)
 - Disability
 - Insurance coverage

HNJ2030 OBJECTIVES

GOAL 1: A COMPREHENSIVE, QUALITY HEALTH SYSTEM THAT PEOPLE CAN ACCESS, AFFORD, AND NAVIGATE.

#	SMART Objective	Data Source	Baseline 2020	2021	2022	2023	2024	Target 2030
1A	Increase the percent of needs met in Primary Care Health Professional Shortage Areas (HPSAs)	HRSA				69.24%		77.83%
1B	Eliminate the racial/ethnic disparity in the proportion of adults with a primary care provider	BRFSS	0.81	0.76	0.81	0.77	0.76	1.0
1C	Increase the proportion of healthcare providers who received CLAS/Bias Training	?			RESEARCH			
2A	Increase the proportion of adults aged 18-64 with health insurance	BRFSS	85.3%	88.5%	89.2%	87.8%	86.1%	96.8%
2B	Eliminate the racial/ethnic disparity in the proportion of adults unable to see a doctor due to cost.	BRFSS	2.5	3.0	2.9	3.5	3.6	1.0
3A	Decrease the proportion of New Jersey hospitals that receive less than a B grade from the Leapfrog Group.	LeapFrog	26.9%	34.3%	24.3%	23.9%	16.4% (2025)	0.0%
4A	Increase the proportion of relevant NJDOH datasets that collect at least the minimum 5 races plus Hispanic ethnicity, language spoken at home, sexual orientation, and gender identity	NJDOH						100%
4B	Improve patient-provider communication to increase access to care.	?			RESEARCH			



PRIORITY 1:
STRENGTHEN THE AVAILABILITY AND
EQUITY OF PRIMARY CARE STATEWIDE.

HNJ2030

ACCESS TO QUALITY CARE

EQUITABLE ACCESS - PRIMARY CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 1: Strengthen the availability and equity of primary care statewide.

SMART Objective

1A. Increase the percentage of need met in Primary Care Health Professional Shortage Areas (HPSAs)

- **Indicator:** **% of needs met**
- **Baseline** **69.24% (2024)**
- **Target:** Increase to **100%** by **6/30/2030**
- **Data Source:** HRSA
- **Lead:** NJ DOH

Strategies

An Action Plan was not developed during 2021-23 planning phase.

- Implement the NJ Loan Redemption Program, the federal Provider Incentive Programs, and the International Medical Graduate Program for primary care providers who practice in underserved areas.
- Supplement Primary Care Provider shortage with APN full practice authority.
- Promote the use of FQHCs, LHDs, and non-profit health care organizations for primary care.

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ACCESS TO QUALITY CARE

EQUITABLE ACCESS - PRIMARY CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 1: Strengthen the availability and equity of primary care statewide.

SMART Objective

1B. Eliminate the racial/ethnic disparity in the proportion of adults with a primary care provider

- **Indicator:** ratio of % of adults with a dedicated Primary Care provider (Hispanic:White)
- **Baseline:** **0.8 (2020)**
- **Target:** **1.0 by 6/30/2030**
- **Data Source:** BRFSS
- **Lead:** NJDOH

Strategies

- Assess availability of telemedicine, evening and weekend medical office hours, and paid time off for medical leave.
- Promote Meaningful and Affordable Insurance Access
 - Increase awareness of the Affordable Care Act (ACA) marketplace among the residents of New Jersey and assess enrollment barriers.
 - NJDOH will promote the Get Covered NJ campaign during the ACA's Open Enrollment.

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ACCESS TO QUALITY CARE

EQUITABLE ACCESS - PRIMARY CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 1: Strengthen the availability and equity of primary care statewide.

SMART Objective

1C. Increase proportion of healthcare providers who received CLAS/Implicit Bias Training

- **Indicator:** % of healthcare providers who receive CLAS/Implicit Bias Training
- **Baseline:** **Data Not Available**
- **Target:** Increase to XX by 6/30/2030
- **Data Source:** **Data Not Available**
- **Lead:** NJ DOH

Strategies

- Work with licensing organizations to assure that bias training is either introduced, or if already in existence, meets the standards set forth in the state-wide training.
- Work with higher education institutions training clinicians to incorporate training into their course of study.
- Promote the free CLAS/Implicit Bias training offered by the HHS, Office of Minority Health for healthcare providers (www.thinkculturalhealth.hhs.org)

RESEARCH

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ACCESS TO QUALITY CARE

EQUITABLE ACCESS - PRIMARY CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 1: Strengthen the availability and equity of primary care statewide.

Resources (Access)

- Federal Provider Placement programs

NJDOH's Office of Primary Care and Rural Health

- Facilitates the **Loan Redemption Programs**.
- Coordinates and expands access to Medicaid enrollment events for adults and children.
- Administers the **Uncompensated Care Fund** to Federally Qualified Health Centers (FQHCs) for the provision of primary, dental, and mental health services.
- The **NJ Primary Care Association's Data Resources Library** is a centralized repository for collecting and disseminating data and resources relevant to NJ's FQHCs and other community members.
- **NJ Area Health Education Center (AHEC) Program** - targeted educational initiatives that recruit people into health careers, evidence-based health promotion and disease prevention strategies, community learning opportunities and other efforts to improve the public's health.



**PRIORITY 2:
ELIMINATE COST-ASSOCIATED
BARRIERS TO CARE.**

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ACCESS TO QUALITY CARE

EQUITABLE ACCESS - COST OF CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 2: Eliminate cost-associated barriers to care

SMART Objective

2A. Increase the proportion of adults aged 18-64 that have health insurance

- **Indicator:** % of adults aged 18-64 who are insured (age-adjusted)
- **Baseline:** **85.3% (2020)**
- **Target:** **96.8% by 6/30/2030**
- **Data Source:** BRFSS
- **Lead:** NJHA

Strategies

An Action Plan was not developed during 2021-2023 planning phase.

- Help individuals enroll in health insurance coverage.

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EQUITABLE ACCESS - COST OF CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 2: Eliminate cost-associated barriers to care

SMART Objective

2B Eliminate the racial/ethnic disparity in the proportion of adults unable to get medical care due to costs

- **Indicator:** ratio of % that avoided care due to costs (Hispanic:White, age-adjusted)
- **Baseline:** **2.5 (2020)**
- **Target:** **1.0 by 6/30/2030**
- **Data Source:** BRFSS
- **Lead:** NJHA

Strategies

An Action Plan was not developed during 2021-23 planning phase.

- Implement the Health Care Affordability, Responsibility, and Transparency (HART) Benchmark Program to bring health care cost growth under control.

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ACCESS TO QUALITY CARE

EQUITABLE ACCESS - COST OF CARE

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 2: Eliminate cost-associated barriers to care

Resources (Insurance/Costs)

- The **NJ Health Insurance Market Preservation Act** ([P.L.2018, c.31](#)) requires most state residents to maintain health coverage.
- **Cover All Kids** ([P.L.2021, c.132](#)) provides health insurance coverage to all children in NJ, regardless of their immigration status or family income.
- The **New Jersey Supplemental Prenatal and Contraceptive Program** ([NJSPCP](#)) is a state-funded program that provides free or low-cost prenatal and contraceptive care to uninsured and underinsured women in New Jersey.
 - The program was expanded to include coverage for primary care services, such as well-child exams, sick visits, and preventive care and to ensure undocumented women could access services.
- Legislation ([P.L.2023, c.79](#)) was signed to raise the income limits of New Jersey's two state prescription assistance programs – **Pharmaceutical Assistance to the Aged and Disabled** ([PAAD](#)) and **Senior Gold**
 - The Division of Aging Services created an on-line application, [NJSave](#), for PAAD, Senior Gold, and other important services.



PRIORITY 3: IMPROVE QUALITY AND SAFETY IN HEALTHCARE SETTINGS.

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ACCESS TO QUALITY CARE

QUALITY & SAFETY

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 3: Improve quality and safety in healthcare settings.

SMART Objective

3A. Decrease the proportion of NJ hospitals that receive less than a B grade from the Leapfrog Group.

- **Indicator:** % of NJ hospitals that receive less than a B grade
- **Baseline:** **26.9% (Fall 2020)**
- **Target:** **0.0 by 6/30/2030**
- **Data Source:** Leapfrog
- **Lead:** NJHA

Strategies

An Action Plan was not developed during 2021-23 planning phase.

Resources

NJDOH - Office of Health Care Quality Assessment

Leapfrog Group



PRIORITY 4:
COLLECT, ANALYZE, AND USE
OUTCOME DATA ACROSS KEY
DEMOGRAPHICS THAT WILL ADDRESS
HEALTH DISPARITIES.

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ACCESS TO QUALITY CARE

DATA & TECHNOLOGY

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 4: Collect, analyze, and use outcome data across key demographics to address health disparities.

SMART Objective

4A. Increase the proportion of relevant NJDOH datasets that collect at least the minimum 5 races plus Hispanic ethnicity, language spoken at home, and sexual orientation, gender identify (SOGI).

- **Indicator:** % of NJDOH datasets that collect at least the minimum 5 races plus Hispanic ethnicity, language spoken at home, and SOGI.
- **Baseline:** **XX (2024)**
- **Target:** Increase to **100%** by **6/30/2030**
- **Data Source:** NJDOH
- **Lead:** NJDOH

Strategies

An Action Plan was not developed during 2021-23 planning phase.

Resources

NJDOH

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ACCESS TO QUALITY CARE

SYSTEM & PROVIDER LEVEL BARRIERS

Goal: A comprehensive, quality health system that people can access, afford, and navigate.

Priority 4: Collect, analyze, and use outcome data across key demographics to address health disparities.

SMART Objective

4B. Reduce the proportion of patients who report poor communication with their health care provider.

- **Indicator:** % of adults who report poor provider communication
- **Baseline:** **XX (YEAR)**
- **Target:** Increase to **XX** by **6/30/2030**
- **Data Source:** **Data no available**
- **Lead:** **???**

Strategies

An Action Plan was not developed during 2021-23 planning phase.

- Identify and address current barriers to patient-provider communication: language, bedside manner, communication with office staff for appointments/follow-up, etc.

Resources

None yet identified

RESEARCH

ACTION TEAM CHAIR SELECTION

Goal: A comprehensive, quality health system that people can access, afford, and navigate

- **Accessibility**
 - Provider availability
 - Usual source of Primary Care
- **Affordability**
 - Insurance coverage
 - Reduce out-of-pocket costs
- **Quality & Safety**
 - Patient Safety Indicators
- **System and provider level barriers**
 - Data and technology
 - Patient-Provider Communication
 - Workforce training on cultural competency

Action Team Chair

Melissa Fox

Chief Operating Officer
Acenda

NEXT STEPS



Identify existing **assets** & **resources** and potential **barriers** for each action



Sign & return HNJ Membership Manual & Confidentiality Agreement



Have a healthy, safe holiday.

Happy
Holidays