NJ Department of Health 2018 State Health Assessment
New Jersey Health Care Quality Institute comments

Are there other health data NOT identified in this report that you feel are important?

Yes. As cited on page 33 of the report, zip code level data is crucial to understanding a population's health profile and risks. Specifically, the Robert Wood Johnson Foundation cited zip code as a predictor of excess mortality, and of differences in life expectancy by race/ethnicity. Data limited to the county level is not useful when attempting to target resources and interventions. Mercer County, for example, has extremely diverse communities with tremendously varied health profiles and needs. To only provide information at the county level masks these differences and can lead to increased health disparities.

An underutilized data source at the state that would have added more insight and context to this assessment is the Medicaid cost and utilization data. The state has access to utilization data on nearly 20 percent of its population. Such data could provide invaluable insight on how Medicaid dollars are spent, what services are driving costs, how frequently services are being utilized, and whether these are the most valuable and appropriate services for the population. The data could inform providers as they pursue value-based purchasing strategies, and policy makers and advocates in identifying public health needs and evaluating the impact that services are having on beneficiaries. We should harness this data to target our interventions and deploy our resources more strategically.

There is an alarming lack of information on ambulatory surgery centers, considering their volumes are increasing. Procedures that used to be performed in hospitals, much more regulated and transparent, yet costly, settings, are now being done in outpatient facilities that are not being held to the same safety, quality, and transparency standards.

What surprised you about the results of the State Health Assessment?

It is surprising that we are doing so poorly on Sepsis, a deadly and preventable ailment, yet this is not included as a health improvement objective and is only cited in the Introduction and the New Jersey Resident Profile – as a leading cause of death that is rising in rank.

Why are you interested in the State Health Assessment, and what made you interested in commenting?

At the New Jersey Health Care Quality Institute, accurate, timely data is needed to fulfill our mission of ensuring that quality, safety, accountability, and cost containment are all closely tied to the delivery of health care services in New Jersey. To understand the needs of the communities we serve, namely through our Mayors Wellness Campaign and our Medicaid 2.0 initiative, having data to inform our programming and guide our policy recommendations is key. It is also of utmost importance to our members – the health care stakeholders of New Jersey including hospitals, health plans, purchasers, consumer groups, pharmaceutical companies, Medicaid ACOs, etc. – in their pursuits to improve population health.

We are hoping our comments will offer guidance on where we believe gaps still exist in data transparency. We would also like to introduce several projects currently underway at the Institute that may be useful in addressing the Leading Health Indicators for 2018 – 2020 identified in the assessment.

Comment on any or all of the document sections listed below:

Section 1: Introduction

The assessment refers to New Jersey's high rates of Sepsis in both the introduction and the resident profile. It is one of only two leading causes of death for which NJ's rate is higher than that of the US and the rate is rising. Addressing this adverse trend should be a priority and the State should enact public reporting of sepsis rates. There are hospitals effectively reducing sepsis mortality (e.g. Jefferson Health) but many are not following their lead. Without publicly reported data, patients are at risk. New regulations were recently released encouraging sepsis protocols in hospitals, but greater transparency is needed. The Quality Institute believes it is essential to establish mandatory protocol regulation because although the voluntary actions of the NJ Hospital Association's Sepsis Learning Collaborative have shown some progress, the rates of sepsis mortality in New Jersey continue to hover between 25 and 30% since 2015 (the year the Collaborative was established). The Collaborative's data shows a slow slope of improvement; yet, the mortality rate varies over each quarter with some quarters showing improvement and other quarters indicating backsliding. Clearly, more must be done. Hospitals should be required to report sepsis mortality rates on a regular basis to the Department of Health. In turn, the Department should publicly release sepsis mortality data by brick and mortar hospital. This public data should be updated at least annually, reflecting the previous 12 months' rates, and should indicate the rate of change from the previous year. Although the internal reporting of bundle protocol compliance (process measure) and sepsis mortality rates collected by NJHA's Collaborative may be helpful for hospitals, it is not helpful for consumers who want to know the safety in their local hospital, or for plans and purchasers who have a financial interest in promoting the safest care and avoiding the expense of caring for highly compromised sepsis survivors.

Section 4: State Health Assessment Data by topic

Access to Health Services

Although NJ is seeing improvement in the percentage of residents with health insurance, much of that success is attributable to the Affordable Care Act which has since come under threat from the federal government. Plan year 2018 witnessed a shortened enrollment period, a decreased enrollment advertising budget, decreased navigator funding, the repeal of the individual mandate, discontinued funding of the cost sharing reduction payments, and Executive Orders encouraging the use of Short Term Limited Duration Plans and Association Health Plans. Given these actions, it is important to stay vigilant to ensure the gains made under the ACA are preserved. The New Jersey Health Care Quality Institute in partnership with Senator Vitale has been convening a work group since Spring 2017 with that goal in mind. Several state-based options such as establishing a reinsurance program, a state-based individual mandate, and other protections to preserve the coverage gains are being considered. Promotion and education of Medicaid enrollment and eligibility is also part of this work.

Regarding access to health services absent the question of coverage, there are many recommendations outlined in the Quality Institute's Medicaid 2.0 Blueprint for the Future that could address this concern, especially if taken beyond the context of the Medicaid program. Namely, the Blueprint offers recommendations on: improving the online Network Directories so patients can easily locate providers in their area (Rec. #9); expanding the use of telehealth and provider to provider eConsults to increase access to specialty services (Rec. #4); establishing a unified single license system for integrated primary and behavioral health care (Rec. #5); and evolving the Medicaid Accountable Care Organization demonstration project so these entities can continue providing population health services within their communities (Rec. #22).

Healthcare associated infections

Any health assessment should include quality of care data, especially that tracking serious preventable adverse events and infections, for facilities in which patients are seeking services. In the past decade, the use of ambulatory surgery centers (ASCs) has increased significantly. According to an industry report, nationally, the rate of visits to ASCs increased three-fold from 1996 to 2006. Considering the number of patients who now use these outpatient surgery centers, it is important to ensure vigilant oversight and quality transparency to surgical procedures occurring outside of a hospital setting. Since 2008, licensed ASCs must report serious preventable adverse events and conduct a Root Cause Analysis (RCA). Annual reports are required; a 2012 State report provided this data from 2009 to 2012. The most recent 2015 State report includes no information related to adverse events in ASCs.

Since 2010 ASCs must report healthcare acquired infection (HAI) rates for "major site categories." This data is to be made available to the public on the DOH website "in a way that the public can compare facilities.". There are no infection reports for ASCs identified on the DOH website. The eight-year old law requiring HAI reporting by ASCs should be implemented and the serious preventable adverse events data should be updated.

NJ law requires reporting of C-difficile. This should be tracked every year and utilized to identify breakouts to implement interventions. The state should utilize resources offered by NHSN and CDC to track and publicly report C-difficile infections and prevalence of MDRO in both hospitals and long-term care facilities.

Regarding Healthcare Associated Infections, NJ law requires annual reporting but the State continues to lag in releasing that data to the public. The last report reflects data that is three years old. To be actionable, data must be released on a timelier basis and trends should be monitored by the State to identify areas to improve.

Maternal and child health

By supporting a no-pay policy for all early elective deliveries, establishing penalties on providers who continue to schedule and perform early elective deliveries without cause, and reducing unnecessary C-sections by regularly tracking the rates, New Jersey could see a dramatic decrease in its rate of very low birthweight babies, as well as other adverse rates. Establishing a Maternity Episode of Care in Medicaid

could also address these rates as well as the significant maternal outcome disparities seen in the state. A Maternity Episode of Care creates accountability and rewards providers for better coordination and outcomes. It aligns financial and quality incentives across practitioners and settings where maternity services are provided, with the goal of improving maternal and fetal outcomes and reducing health care costs. A typical Maternity Episode of Care identifies a responsible provider to manage the episode and includes prenatal care, labor, birth, and post-partum care for the mother and newborn, beginning 40 weeks before birth and 60 days post-partum. Through a uniform Episode of Care, plans would pay providers more for quality and better outcomes and less for care that does not achieve the outcomes the State wants to see for moms and babies. Medicaid pays for nearly half of the births in New Jersey at a cost of about $700 million, yet we have some of the poorest outcomes for moms and babies. An Episode of Care can change that.

Regarding teen pregnancy and the disparities among Hispanics and Blacks, the New Jersey Health Care Quality Institute has established a work group as part of its Medicaid 2.0 initiative to support the wider distribution and awareness of contraceptive options. Partners in this work include Planned Parenthood, health plans, pharmaceutical companies, and provider groups. More information on the contraception work group and the Maternity Episode of Care can be found in Medicaid 2.0 Blueprint for the Future Recommendation #21.

Nutrition and Fitness

It is alarming to see that only 49% of New Jersey adults are getting enough exercise. However, this statistic aligns with the America's Health Rankings (AHR) most recent report which found that nearly 30 percent of New Jersey adults reported no physical activity or exercise other than their regular job in the past 30 days, ranking the state as 46th in the nation for physical activity. This is a digression from the national trend of a decreasing percentage of adults reporting no physical activity or exercise other than their regular job in the past 30 days.

There is much work to be done to reverse this trend, starting with equipping communities with the proper tools, resources, and partnerships to achieve and maintain the wellness of their residents. That is the mission of the New Jersey Health Care Quality Institute's Mayors Wellness Campaign (MWC). The MWC is a statewide community health initiative run by the Quality Institute in partnership with the New Jersey State League of Municipalities. The initiative provides mayors with no-to-low cost tools and strategies to champion healthy and active living, and to improve the overall health of their communities. Active in nearly 400 municipalities, the MWC provides a library of over 30 evidence-based, step-by-step tools and activity guides to help mayors make their communities healthier places to live. Tools such as Walk with Your Mayor, Community Yoga, Workplace Fitness Challenge, and the Weight Loss Challenge are all designed to increase physical activity in communities across New Jersey.

With support from the United Health Foundation, the MWC will soon unveil its redesigned virtual library of tools, offering easier navigation, improved and added tools, and an instructional video. Tools are organized into topic-specific categories including: Physical Health and Education, Environment and Health, Education and Health, and Arts and Health to facilitate easy navigation.

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

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Public Health Infrastructure

The New Jersey Health Care Quality Institute's Mayors Wellness Campaign could potentially serve as a data source for information on community public health partnerships. The Mayors Wellness Campaign (MWC) is a statewide community health initiative in partnership with the New Jersey State League of Municipalities. Active for over 10 years, MWC provides mayors and other community leaders tools and strategies to champion healthy and active living, and to improve the overall health of their communities. The Campaign exists in over two thirds of New Jersey's municipalities. Participating towns gain access to a library of over 30 evidence-based tools and activity guides all geared towards making communities healthier places to live. To join the campaign, Mayors sign a pledge of participation, pledging to implement new programs which will promote active living and healthier lifestyles for their residents. A key component of the Mayors Wellness Campaign is the creation of local MWC task forces and/or committees. These are often led either by the Mayor or a mayor's designee, and incorporate staff from local departments of health and parks and recreation, as well as volunteers from the community. Many MWC committees work with their local community partners such as the libraries, health service providers, business owners, and schools to set a common health agenda and collaborate on healthy programming for the community. Each year, the Mayors Wellness Campaign awards a 'Healthy Town' designation, as well as 'Healthy Towns to Watch' and MWC 'Continued Excellence' awards. Communities must apply for these distinctions via an online application. The information contained in these applications is invaluable to learning what activities are occurring at the grassroots level and what challenges and health needs exist in each of the communities.

Other comments

It would be helpful to know what the objective targets and baselines are to give greater context to the statistics.

Also, because New Jersey is so diverse and health issues are so personal, it is important that interventions, education, and communication be culturally competent and relevant. As an example, the Quality Institute is working with the Asian Health Services department at Holy Name Health System to develop materials and programming for the Asian communities on end-of-life care planning through the Conversation of Your Life. Conversation of Your Life is a program under the Quality Institute's Mayors Wellness Campaign (MWC) that engages communities in dialogue to let individuals' families, friends, and/or doctors understand and respect their end-of-life wishes through advance care planning. In all the MWC work, the Quality Institute tries to engage lay leaders that can connect with and represent the diversity of each community. Both programs can be used by the State to promote and advance its health improvement goals.