Quality Institute Newsletter

A bi-weekly look at the Business & Politics of Health Care in New Jersey

NEW JERSEY HEALTH CARE QUALITY INSTITUTE Quality powered.

JANUARY 17, 2019

Driving Payment Reform — A Roadmap for 2019

At the Quality Institute, we begin 2019 with a baseline for where we are on payment reform in New Jersey — and a greater understanding of the challenges ahead.

As the lead New Jersey partner of Catalyst for Payment Reform's (CPR) Scorecard 2.0, we worked with CPR as they assessed payment reform activity in New Jersey based on 2016 claims data. The organization also analyzed additional data to determine where New Jersey stands on key quality measures and interviewed health care leaders to assess views on payment reform.

Last week CPR and the Quality Institute released the last two parts of the Scorecard — the Medicaid Report and the Leaders Perspective Report. I encourage you to take a look at both along with the methodology report, which is all here on our website.

The analyses found that New Jersey has lower levels of payment reform activity in its Medicaid program than in its commercial market. There are several explanations for this, but the good news is that the Murphy administration has voiced support for alternative payment models, and we are optimistic that innovative models successful in other states soon will be used here.

Driving payment reform will be one of our priorities in 2019.

When we issued the first part of the CPR Scorecard 2.0 last year, we asked providers on the forefront of payment reform along with purchasers seeking higher quality care and affordability to tell us about their efforts. What are they doing successfully, and how are they paid? We also asked about the changes they believe still are needed. Their advice provides a valuable roadmap for anyone who wants to work with us to drive reform.

First, providers said the keys to their current success with alternative payment models are:

- Models designed to deliver high quality care. The providers said they do this work for their patients and to pursue the triple aim.
- Meaningful and actionable metrics that can be viewed and shared at the physician or provider level.
- Support and coaching to the practices to set up the structure and processes to do this work successfully.
- Embedded care coordination programs into every model.

These innovative providers and payers also shared what they need to move aggressively to alternative models that include downside risk:

- Aligned models with the same measures and same reporting requirements regardless of the payer. They do not want to treat patients differently based on patients' different insurance plans.
- A commitment of support and partnership for the work from the larger system, including regulators, consumers, technology companies, other providers, and payers.
- Joint ventures and financial supports for the work, which is time consuming and expensive.
- Interoperability and integration of systems so providers understand the care their patients are receiving outside the physician office.
- Greater control over care beyond the physician office, such as what type of procedures and medications patients may be receiving in other care settings.
- Removing prior authorization requirements when participating in a shared risk model.

The start of the year provides us with an opportunity to reflect on what we have learned from those on the front lines of these innovative models and to build on those lessons.

The providers and payers who shared their insights with us witnessed the benefits of these models first

hand and understand the day-to-day challenges of implementation. At the Quality Institute, we'll continue to work with and learn from these innovators — and we invite you to join us in this pioneering effort to improve our health care system.

Take Five with Timothy P. Lydon, J.S.C.

The Honorable Timothy P. Lydon, J.S.C., works in the Mercer County Courthouse as the drug court judge. He presides over a program that works to address substance abuse as a medical issue, rather than as a crime. Learn more about his work, which is featured in this video by the Financial Times.

How long have you been on the drug court and what is its mission?

I have served as the drug court judge for Mercer County for a little over three years. I'm also chair of the drug court judges committee, which consists of all of the drug court judges from the counties across the state.

Working with the drug court advisory committee, the drug court judges committee helps set policy concerning the operation and management of the drug court program.

The drug court program evolved from the belief that drug treatment and intensive supervision could reduce recidivism, improve public safety, and avoid the cost of lengthy prison terms. The typical drug court participant is a non-violent offender who has a moderate or severe substance use disorder. We work with the participants to help put them on the path to recovery and break the cycle of addiction.

Ninety nine percent of drug court participants are prison-bound, which means they would have been sentenced to a state prison if not for the drug court. When you consider that there are 6,500 individuals in the program, we have the opportunity to change the course of countless lives. And if we can intervene to help these people chart a different course we can avoid the personal, societal, and fiscal costs that are the result of addiction and crime.

How does the drug court interact with the medical community?

Every drug court in the state has a team, which includes a judge, the court staff, a prosecutor, a public defender, substance abuse evaluators, and probation officers. We work closely with a number of treatment providers who provide outpatient and inpatient care. Our outpatient providers are considered to be members of the drug court team. The team meets weekly and all of our local providers attend. Outside of the weekly meetings, we collaborate with them on a daily basis to ensure that the participants are achieving their treatment goals.

Medically Assisted Treatment (MAT) has become more prevalent and is an indispensable part of addressing opioid addiction. We have worked with our providers to expand access to MATs, including the use of naltrexone, methadone, and buprenorphine to complement traditional treatment services. Historically, there has been quite a bit of stigma associated with MAT use. Our treatment providers help educate the participants and encourage them to embrace MATs when clinically indicated. I think this aspect of our relationship with our treatment providers and the medical community will continue to expand and evolve over the next several years. It's exciting to see some of the breakthroughs in the development of addiction medicine and the role of MATs in recovery.

What kind of role do supports, such as counseling, housing, access to nutritious food, job training, and education, play in the program?

All are indispensable elements of long-term recovery. Many participants have difficulty finding suitable housing and meaningful employment. There's a dearth of halfway houses and sober living facilities to accommodate our participants, who also struggle to obtain employment. Many employers are reluctant to hire any applicant with a criminal record. Participants can spend months in treatment, but their recovery may be short lived if they lack the financial resources and housing to maintain stability in their lives. There's a real sense of pride in holding a job and being able to provide for your family. I have seen participants relapse in part because of job loss or the inability to obtain housing that is conducive to their recovery.

Each drug court coordinates with community providers to secure these services for the participants. We're fortunate to have a number of partners who offer invaluable assistance. These include nonprofits, government agencies, and private employers. Our participants have access to educational opportunities, including GED classes and job training programs, and, when available, housing assistance.

One of the priorities of the Chief Justice is to develop relationships with employers to identify and provide full-time employment for successful Drug Court participants. We have had some success. The Hard Rock casino, in collaboration with UniteHere Local 54 (A Quality Institute member), set aside

several positions for drug court participants. Going forward, I am hopeful that more employers will open their doors.

Since April 2016, eligible drug court graduates can expunge their entire criminal record. The removal of this impediment will certainly expand the number and types of employment opportunities and is a significant incentive for participants to succeed in drug court.

As a criminal judge, you see people at their lowest points. What would you change in the system in how we address addiction so fewer people would end up in your courtroom — and what role can the health care system play?

Many defendants with substance use disorders are charged or convicted of misdemeanor offenses. They easily slip through the system without anyone addressing their drug-related issues. I know that certain municipalities have initiated early intervention programs, which have been successful.

Similarly, some county jail facilities have started drug treatment programs for their inmates. Once released, the defendant can be referred to a local treatment provider to receive follow up services.

In terms of the healthcare system, I believe we need to expand efforts to develop an integrated approach to treatment. In some parts of the state, drug courts have struggled to obtain access to MATs and develop relationships with doctors to support treatment efforts. It seems like we would benefit from a greater number of medical professionals who are trained in addiction medicine and are available to collaborate with traditional treatment providers.

You have seen people after years in the program living successful lives. How different would their lives be if they went to jail instead of drug court?

My assumption is that they would remain trapped in the cycle of addiction. I base that assessment on the statistics. The rate of recidivism for drug court's graduates is dramatically lower than the statewide average for all other offenders. Within three years of graduation, less than seven percent of drug court graduates were convicted of a new indictable offense. The comparable rate for an individual who is released from incarceration is 40 percent. The executive branch and the legislature have demonstrated a commitment to the program. As a result, everyone who enters drug court has the chance to build a better life. It is transformational for many individuals, and their achievements ultimately benefit the public and the system as a whole.

Upcoming Quality Institute Events

Join us for **TWO upcoming CE accredited webinars** in the GPTN Webinar Series: "Best Practices around Safer Prescribing of Opioids" on **Thursday, January 24,** with Dr. Kevin Bain of Tabula Rasa HealthCare and "Using a Social Service Referral Tool to Help Patients" on **Thursday, February 21,** with Adrian Diogo of the Quality Institute and Megan Sheppard of the Cumberland County Health Department.

Register today for the 5th Annual Innovation Showcase hosted by NJII and the Quality Institute **on Thursday, March 21,** at the NJIT Wellness and Events Center in Newark. We will open this year's conference with remarks from Shereef Elnahal, MD, New Jersey Commissioner of Health, and hear from our keynote speaker, Former Utah Governor Mike Leavitt, about using data to drive value innovation.

Medicaid

The U.S. Department of Health and Human Services has awarded the New Jersey Department of Health $2.3 million for the Pediatric Psychiatry Collaborative, a program jointly run by Hackensack Meridian Health and Cooper University Hospital, and funded in part by the New Jersey Department of Children and Families. The money, awarded over five years, will help to expand the network of primary and behavioral health access points for children and adolescents around the state, using innovative collaborations and telemedicine approaches to provide care in a timely and effective manner. The Nicholson Foundation will contribute an additional $109,000 to further extend the program and training efforts.

A significant disconnect exists between the behavioral health needs of this population and the resources and providers needed to adequately provide care. The problem is amplified in the 40 percent of New Jersey's children who receive coverage from the Medicaid program. The Pediatric Psychiatry Collaborative seeks to extend care and expertise by using a regional hub model, providing access points between primary care providers and mental health experts across the state. Learn more about this program here.

If you have questions, please contact Matt D'Oria at mdoria@njhcqi.org or Kate Shamszad at kshamszad@njhcqi.org.

The Quality Institute's Medicaid work is funded by The Nicholson Foundation.

Mayors Wellness Campaign

Have your town recognized as one of the healthiest towns in New Jersey! Share the MWC Healthy Town Application with your mayor and help put your town in the running. The MWC Healthy Town Application must be received by the Quality Institute by **5 pm, January 25, 2019.**

The Quality Institute is hosting a webinar that includes a step-by-step guide on the Mayors Wellness Campaign (MWC) Healthy Town Application on **January 22 at 2pm**. To register, click here. The event password is MWCHT. *To learn more, contact Adrian Diogo at adiogo@njhcqi.org*.

COYL
CONVERSATION OF YOUR LIFE

Our COYL Task Forces, now within eleven counties, are busy planning community events for the new year; some of which include "Signing Events," where mayors, health officers, and local residents publicly sign their own advance directive forms, in order to call attention to the importance of these end-of-life conversations and documented wishes. **We are actively recruiting social workers, nurses, communications experts, and others who have a passion and interest in this topic to join their local COYL taskforces**. You can go to our website to view on-going COYL programming and resources. To volunteer or to learn more, contact Adelisa Perez at aperez@njhcqi.org.

COYL, a program of the Quality Institute's Mayors Wellness Campaign, engages communities in non-threatening dialogue about end-of-life wishes and advance care planning in 'community living room' settings. To get involved with your local COYL Task Force, contact Adelisa Perez at aperez@njhcqi.org.

COYL is generously supported by The Horizon Foundation for New Jersey.

Calendar & Industry Events

1.29.2019 | Leapfrog Quality Breakfast. Join the Quality Institute in a forum to recognize New Jersey hospitals that received the 2018 Leapfrog Top Hospital designation. Katie Burggraf Stewart, Director of Health Care Ratings at The Leapfrog Group, will discuss survey changes in the 2019 Leapfrog Hospital Safety Survey, including the new hospital outpatient and ambulatory surgery center surveys. *Quality Institute members and invited guests only.*

3.24.2019 | National Quality Forum's 20th Annual Conference. Linda Schwimmer, the Quality Institute's President & CEO and Chair of the National Quality Forum's (NQF) Consensus Standards Approval Committee (CSAC), will be among the speakers at the NQF Annual conference. The Quality Institute encourages all health care leaders to attend to learn about the latest opportunities to improve quality for their communities and patients. Learn more and register now. *NQF invited guests only.*

Shout Outs

MD Advantage announced the recipients of the organization's 2019 Excellence in Medicine Awards. Congratulations to all of the winners, including the many Quality Institute members who are honored. The Quality Institute thanks everyone involved for their ongoing commitment to quality health care. Read more here.

Cheers to **Hunterdon Healthcare** for announcing its new CEO and President, Patrick Gavin. Read the entire article here.

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