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## Written Testimony of Linda Schwimmer, JD, President & CEO, New Jersey Health Care Quality Institute Department of Health Budget Listening Session – January 10, 2019

My name is Linda Schwimmer; I am the President and CEO of the New Jersey Health Care Quality Institute (Quality Institute). The Quality Institute is the only independent, nonpartisan, multistakeholder advocate for health care quality in New Jersey. As both a grant funded and membership organization, we convene a unique and multi-faceted community, and are committed to improving health care quality and safety, expanding access to good care and controlling costs for employers and consumers.

As the Department of Health considers its regulatory and public health priorities for the next fiscal year, we submit what we see as important areas of opportunity to improve the lives and health of all New Jersey residents in both the shorter term as well as for the longer term health and wellness in our state. Thank you for considering our views. We look forward to continuing our productive relationship with you.

# Accelerate Improving Quality of Maternity Care

- New Jersey could see a decrease in its rate of very low birthweight babies, as well as
  other adverse rates if the state implemented a no-pay policy to hospitals for early
  elective deliveries.
- The state should also publicly post NTSV C-section rates on its website. We suggest that the state use the same definitions and methodology as The Leapfrog Group which uses the Joint Commission methodology. It is important to have one common definition and reporting methodology that can be used to compare hospitals across the state and with other states across the country. The state can require reporting to Leapfrog and use that data. Currently all but one hospital with labor and delivery services reports to Leapfrog.
- The state should align its payments for maternity care with the quality outcomes that it wants to see. One successful strategy is to establish a state sponsored Maternity Episode of Care. The model could be implemented in both the Medicaid program and for state health benefit programs (SHBP). 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 ending 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



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achieve the outcomes the state wants to see for moms and babies. Medicaid pays for over 40% 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. The SHBP pays for another 8-10% of the births. The Department of Health could bring together the other relevant agencies to work closely to ensure that one consistent model is implemented with quality at its core.

Reducing unintended pregnancies and helping women with healthy spacing of pregnancies are important public health goals. We want to ensure that New Jersey women have access to the full range of reproductive health options. This means eliminating any barriers to receiving that care. The Quality Institute is working with others on this topic and looks forward to partnering with the Department of Health and others on this important issue.

#### • End of Life Care

- The Quality Institute applauds the actions taken by the state to include a payment for Advance Care Planning consultations under Medicaid.
- We also look forward to working with the state to implement its strategic plan to improve End of Life Care in New Jersey. We were happy to see the similarities between the state's plan and the Quality Institute's (<u>link</u>). We are at the ready to assist in implementation by continuing to educate consumers and change the culture around end of life care conversations.
- The Quality Institute continues to run the Conversation of Your Life ("COYL") program to engage communities about end of life planning and provide them with materials and effective avenues to empower individuals to convey their wishes to their families, friends, and providers.
- We look forward to working with the state Health Information Network (HIN) and finding solutions to launching an electronic POLST registry that would be available statewide to enable a patient's wishes to be accessed and followed.

### • Community Wellness

The Quality Institute, in partnership with the New Jersey State League of Municipalities, runs the Mayors Wellness Campaign (MWC), a statewide community health initiative. Active for the last 12 years, the 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 can access a library of over 30 evidence-based tools and activity guides all geared towards making communities healthier places to live. A key component of the initiative is the creation of local MWC task forces and/or committees. These are often led either by the Mayor or a designee and incorporate staff from local departments of health and



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parks and recreation, as well as volunteers from the community. Each year, the MWC awards a 'Healthy Town' designations.

The MWC can support the Department of Health in its population health goals including Healthy 2020. The MWC is expanding its role to incorporate the social determinants of health such as mental health, health in all policies, and gun violence awareness. The current MWC Toolkit includes tools and guides that address the social determinants of health like our Healthy Corners tool, which impact health outcomes. We gather data from New Jersey communities that provides valuable insight into measurable health indicators, community-level cross-sector collaboration, and the scope of community wellness programming conducted by New Jersey municipalities. We look forward to aligning our efforts and working to make long term improvements in health status across every community in our state.

# • Transparency and oversight of facilities

- The Quality Institute has been a long-time advocate on the importance of quality measurement in all health care settings and ensuring that the measurement is transparent to the public in a timely and understandable way. Through our work as regional leader of The Leapfrog Group, we now have 93% of all hospitals reporting important safety and quality measures. We've worked hard to ensure healthcare acquired infections and medical errors are reported to the state and made public in annual reports.
- The Quality Improvement Advisory Committee (QIAC) was created by law to work on infection reporting and oversight. That committee is made up of various members of health care providers and consumers and is staffed by the State Department of Health. QIAC has been less active in the last several years but this is a perfect opportunity to reinvigorate it with new members and a renewed charge to monitor the public information on infections and quality, and to work with the state to proactively prevent facility acquired infection outbreaks and save lives. The QIAC could return to a monthly or bimonthly schedule and identify key priorities based on areas where the state's health care facilities could improve their quality (such as infections, Sepsis, and perhaps even antibiotic misuse). QIAC is a perfect private-public setting to support the budget-strapped Department of Health staff in areas of health care quality and safety.

In closing, I want to thank the Department of Health for taking the time today to consider priorities for the coming year as well as considering longer term issues to improve the health and lives of all New Jersey residents.