

Stone House at Carnegie Center 3628 Route 1 Princeton, NJ 08540 Tel: 609-452-5980 Fax: 609-452-5983 **www.njhcqi.org**

Written Testimony of Linda Schwimmer, JD, President & CEO, New Jersey Health Care Quality Institute Assembly Health and Senior Services Committee regarding New Jersey Health Information Network (NJHIN) – January 17, 2019

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

Through a federal grant, the New Jersey Innovation Institute (NJII), an affiliate of NJIT performs work to support the New Jersey Health Information Network (NJHIN). The NJHIN, as the network of networks, creates the legal and technical architecture for interoperable use of health data and records. The Quality Institute has a sub-contract with NJII to lead the use case sub-committee of the NJHIN, which is charged with defining and recommending use cases to the NJHIN Advisory Committee. The Quality Institute is also under contract to create a Communications and Outreach Plan to assist in promoting the NJHIN, including encouraging trusted data sources to join the NJHIN. The communication plan is a two-phased approach; the first phase focuses on health care providers and other data sources and the latter phase focuses on the public at large to educate them on the existence and benefits of the NJHIN.

A use case is defined as how a person or organization uses the NJHIN to accomplish their goals for a specific health care purpose. In non-technical terms, a use case can be thought of as an "app" for how the NJHIN infrastructure can be used to meet a specific need. The goal of the use case subcommittee is to generate momentum and participation in the NJHIN by identifying "apps" or "use cases" that are of value to patients, the state and the other entities participating in the NJHIN.

The use case sub-committee is made up of over 30 individuals who represent NJHIN participating organizations, individuals with HIT expertise, the NJ Department of Health, and the NJ Department of Human Services. The sub-committee has a diverse membership and includes privacy officers, clinicians, individuals with health finance expertise, individuals with health IT experience, and those with specific policy expertise. To date, the sub-committee has met twice and its next meeting is scheduled for later in January. The sub-committee plans to meet monthly in 2019.

One of the sub-committee's first acts was establishing the criteria to use to consider which use cases to recommend to the NJHIN advisory committee. The sub-committee agreed upon the following criteria: the ability to meet a critical public health, health care, or patient health need; the ability to access or maintain specialized earmarked funding sources (i.e. HITECH funding) or to provide its

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own funding source; the total cost to implement and the amount of time it will take for system design and implementation; whether the use case adds new functions to existing in place technology; whether the use case creates functions that can be leveraged for future use cases; and, consideration of regulatory issues with a proposed use case. The sub-committee is developing a template that will be used to collect suggestions for use case proposals. Currently, the following proposed use cases are under consideration:

- The Perinatal Risk Assessment (PRA) form is a risk assessment tool for pregnant woman that can be also be used to assess and risk stratify pregnant women, and then assist them in obtaining necessary services. The form can be found here (<u>link</u>);
- Vital Information Platform- is the current web-based system for the registration of births and allows access to useful data that could be submitted in a streamlined fashion through the NJHIN. This information would also assist in building the Master Patient Index to further identify and match people with their health data.
- Electronic Death Registration System- is the current secure method for electronically creating, updating and certifying death certificates and allows access to useful data that could be submitted in a streamlined fashion through the NJHIN.

The sub-committee is exploring additional use cases including:

- Other State registries besides those listed above that could provide value to providers and patients if aligned with the NJHIN.
- Data extraction and reporting for maternity quality improvement initiatives.
- An electronic POLST and Advance Directive registry accessible through the NJHIN to improve access to these documents and compliance with patients' end of life directives.

We believe that increased data sharing and interoperability will improve health care quality and safety. The Quality Institute is happy to provide this committee, through the chair, with updates on our work. In closing, we thank the committee for taking the time to discuss health care data sharing and the NJHIN and how it can improve the health and lives of all New Jersey residents.