NEW JERSEY HEALTH CARE QUALITY INSTITUTE

A ROAD MAP TO REDESIGN THE NEW JERSEY MEDICAID ACOS TO FORM REGIONAL HEALTH HUBS

MEDICAID POLICY CENTER

The Nicholson Foundation

Changing Systems, Changing Lives

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1 ROAD MAP OVERVIEW AND PURPOSE

Beginning in 2011, the New Jersey Health Care Quality Institute (the Quality Institute), with support from The Nicholson Foundation, partnered with community organizations that work to improve care for the Medicaid population in New Jersey. Through these partnerships, the Quality Institute developed and led the "QI Collaborative," a learning network for health care and community stakeholders dedicated to improving the health of New Jersey's most vulnerable populations, while also reducing costs.

We convened regularly to learn from local and national experts, shared best practices to develop community coalitions, and shaped state legislation and regulations to create a Medicaid ACO Demonstration Project. The QI Collaborative worked with the state Medicaid office to develop and carry out the following requirements delineated in the Demonstration Project:

- created quality metrics;
- facilitated the transfer of Medicaid encounter data;
- built patient satisfaction systems to collect surveys;
- created public gainsharing plans to govern potential shared savings within the model; and
- engaged with major Managed Care Organizations in the state to encourage partnerships and contracting arrangements.

In 2016, The Nicholson Foundation funded another Quality Institute-led project called Medicaid 2.0 to create a Blueprint[1] to redesign and modernize New Jersey's Medicaid program. The 24 recommendations of the Blueprint arose out of a collaborative process that included bringing together a wide variety of stakeholders from across the state, including health care providers, health plan executives, hospital leaders, government officials, union representatives, academics, advocacy groups, and patients to identify solutions to many challenges in the state Medicaid system.

Blueprint recommendation number 22 called on the State to "Evolve the Medicaid ACO Demonstration Project: The State should revise its current Medicaid ACO Demonstration Project to create a program that better reflects the innovative work that the three State-certified and non-certified ACOs are doing and retains the elements of that work within the currently structured Medicaid program. The existing ACOs should be grandfathered into this program and work with the State to redesign the model. The model should be open to additional communities which also need community-based care coordination and other services focused on the social determinants of health."

[1] *http://www.njhcqi.org/wp-content/uploads/2017/03/Medicaid-2.0-Blueprint-for-the-Future_3-3-17-1.pdf*

This recommendation prompted the QI Collaborative to create a workgroup of certified and non-certified organizations already bridging the gap between clinical and community to improve quality of care for Medicaid patients, and reduce the cost of their care to the system. The workgroup convened to learn from the work that had been accomplished, highlight lessons from similar initiatives around the country, and to create an improved path forward for the ACOs, and others, to become New Jersey's Regional Health Hubs ("Hubs").

This Road Map recaps the history of the ACO Demonstration Project; why it needs to evolve; and sets forth the path to preserve and expand the ACOs' important work as Regional Health Hubs.

2 HISTORY OF THE MEDICAID ACO DEMONSTRATION PROJECT

On August 8, 2011 Governor Christie signed into law NJ P.L. 2011, Chapter 114, which established a three-year Medicaid ACO Demonstration project. Regulations promulgated in 2013 required the Medicaid ACOs, among other parameters to:

- submit gainsharing plans that laid out the ACOs' vision for improving health outcomes and the quality of care, as measured by objective benchmarks;
- include fee-for-service plans and managed care contracts;
- plan for distributing savings, and the ACOs expected use of savings; and
- demonstrate that they have the support for the ACO by "no fewer than 75% of the qualified primary care providers located in the designated area."

Six organizations applied for the Demonstration Project, but only three applications were approved creating three state-certified ACOs in July 2015. The Healthy Greater Newark ACO, the Trenton Health Team (THT), and the Camden Coalition of Health Care Providers (CCHP) became the state's certified Medicaid ACOs. With state certification, these ACOs were given access to Medicaid data for their designated regions and became state-supported programs that could share savings and be eligible for funding through the state budget process.

Although challenges have arisen, the Medicaid ACOs participating in the Demonstration Project have advanced important work to improve population health in their communities. Using Health Information Exchanges (HIEs) as regional population health data analytics platforms that integrate claims and clinical data, the ACOs allow health care professionals, medical facilities and social service organizations to access comprehensive patient data in real time to improve care and reduce costly redundant testing. Engaging local stakeholders who are often competitors outside of the ACO structure has improved community-wide coordination and collaboration.

For the certified Medicaid ACOs, some elements of the statute and subsequent regulations governing the Demonstration Project have hindered its success.[2] For example:

Fee for service population focus: The initial law focused on targeting the Medicaid fee-for-service population for intervention and data analysis. It was expected that ACOs would drive down costs and find potential shared savings with the State within this population. However, due to delays in implementation, in the four years between the law's passage in 2011 and the initial data transfers in 2016, almost the entire New Jersey Medicaid population had long since been shifted to managed care. [3] As a result,

[2]Many of these challenges have been detailed in the 2017 Rutgers Center for State Health Policy report "The New Jersey Medicaid Accountable Care Organization Demonstration: Lessons from the Implementation Process." http://www.cshp.rutgers.edu/Downloads/10950.pdf

[3]Under the state Medicaid Section 1115 waiver, 95 percent of beneficiaries are enrolled in Medicaid MCOs, meaning that the State pays the MCO a risk-adjusted capitated monthly fee to manage each beneficiary's health care.

the certified Medicaid ACOs were then tasked with creating interventions around a population that essentially no longer existed. With no reinterpretation of the law allowed, the ACOs were still required to submit gainsharing plans to the State. The ACOs had to spend time and resources crafting plans for this limited fee-for-service population. With almost every Medicaid beneficiary now in managed care, and MCOs receiving capitated payments for the responsibility of their care, there can be no shared savings found in the care of this population unless MCOs choose to voluntarily contract with the ACOs for services. The entire premise of the legislation has been undermined by this strict interpretation of the law.

Managed Care Organization (MCO) contracting: The law did not require MCOs to contract with the ACOs. Despite significant efforts through the QI Collaborative to engage with the MCOs, most have not participated in each community to the extent that policymakers had hoped. By July 2016, CCHP held just two contracts (Horizon NJ Health and United), THT had just secured a limited contract (Amerigroup), and the Healthy Greater Newark ACO had no contracts pending. Significant time and resources were spent on developing partnerships with MCOs that largely never came to fruition.

Lack of sustainable funding sources: Without funding attached to the law and with no inclusion of the model in the MCO contract, the ACOs were left to apply for grants and to seek funding from their hospital members to pay for the upfront investment of creating an ACO. To satisfy the requirements of the Demonstration Project, the ACOs had to secure non-profit status, bring together a board of directors and craft bylaws, procure office space, hire data analysts and care coordination staff, and develop health information exchanges in their communities. Initially, any startup funding came from foundation grants and ACO hospital members, which hindered the ACOs' ability to build the necessary infrastructure to accomplish the goals of the Demonstration Project. The ACOs had been "operational" for a full year before any state funding was received through the FY 2017 budget. In years two and three of the demonstration project, the ACO funding came through legislative additions to the budget, making it unclear until the very end of the fiscal year that funding would be made available to the ACOs again.

Timely access to Data: To be successful, the ACOs needed a data-driven strategy to identify high and rising-risk populations in their communities to target for care management and create specific interventions to improve their care and reduce cost to the system. That data could feasibly come from several sources: the providers in their communities feeding information into the HIE, contracting MCOs providing claims data, and the State supplying Medicaid encounter data. Although the ACOs received real-time patient data from the providers in their community, without encounter or claims data, they were unable to analyze which services had been paid. The three certified ACOs received their first encounter data transfer eight months (March 2016) after state certification, delaying effective work in the Demonstration Project. The ACOs had to utilize outside contractors and internal data analysts to "clean" the data they had been given and make meaningful sense of the ways their patients were utilizing care. This process took an additional five months.

These are just some of the hurdles that the State certified ACOs faced in meeting the requirements of the Demonstration Project and in building their work as functioning entities in their communities.

Other organizations also applied to the State for certification but were rejected from the Demonstration Project for failing to meet one or more of the regulatory requirements. However, some, like the Health Coalition of Passaic County (formerly known as Passaic County Comprehensive Care Accountable Care Organization[4]), continued to pursue external funding to work on building their functionality and continued their participation in the QI Collaborative. Other communities have been closely following the work of the certified ACOs and are poised to begin establishing their own coalition if some of these challenges are mitigated.

With this Road Map, we intend to create a path for the current state-certified Medicaid ACOs as well as other coalitions in New Jersey to overcome these challenges and partner with the State to continue to build and strengthen the critical data and community infrastructure the ACOs have created by revamping the law to eliminate its outdated elements and to create a model that better sustains the Regional Health Hubs in their essential population health work.

[4] *https://www.stjosephshealth.org/pccc*

3 THE CASE FOR PRESERVING THE VALUE OF MEDICAID ACOS AND MOVING TO A REGIONAL HEALTH HUB MODEL

New Jersey's Medicaid program spends more than $17 billion of state and federal funds annually[5] and provides comprehensive health care coverage to more than 1.7 million New Jersey residents[6] With Medicaid expansion under the Affordable Care Act, enrollment in New Jersey's Medicaid program increased by 35 percent from 2013 to 2017[7], allowing more people to benefit from health care coverage. But with this expansion came the additional cost of coverage, putting pressure on an already stressed state budget and delivery system. Nearly 20 percent of New Jersey's budget is currently spent on the Medicaid program. On average, about 50 percent of the revenue for safety net hospitals and 25 percent of all New Jersey hospitals' revenue come from reimbursements for Medicaid claims or Medicaid disproportionate share payments.[8] These payments are critical to the financial stability of New Jersey hospitals.

Hubs can play an important role in the way state and federal dollars are spent on health care in New Jersey by maximizing resources and improving population health. Hubs add to the value of our health care spending by:

- Analyzing regional health data;
- Convening local health care, nonprofit, social service and local government partners; and
- Developing a strategic plan for innovation in care management and delivery with community focus.

Important lessons were learned from the Medicaid ACO Demonstration Project that can inform the development of a more flexible and nimble structure for Hubs, allowing them to be more successful in managing the population health needs in their communities.

Data Analysis:

The Hub structure is uniquely positioned to collect, analyze, and utilize patient-level data to better impact care delivery. Real-time, actionable, patient data inform initiatives to improve population health. The State is working to roll out a statewide Health Information Network (HIN) funded by the NJ Department of Health and Medicaid and run by the New Jersey Innovation Institute. Regional health information exchanges (HIEs) further facilitate the electronic exchange of patient information for an entire population as individuals move through the continuum of care in different settings. Hubs are ideally suited to analyze data to identify their own community's chronic disease prevalence, high cost patient populations, and gaps in prevention services and care management. The certified Medicaid ACOs piloted

[5] *http://files.kff.org/attachment/fact-sheet-medicaid-state-NJ*
[6] *http://www.nj.gov/treasury/omb/publications/18bib/BIB.pdf*
[7] *http://www.state.nj.us/humanservices/dmahs/news/reports/index.html*
[8] *http://www.njhcqi.org/wp-content/uploads/2017/03/Medicaid-2.0-Blueprint-for-the-Future_3-3-17-1.pdf*

their own HIEs using a common platform (Care Evolution), to pool resources and weave connections from the northern to the southern part of the state. Providers in each region have come to rely on the flow of data pertaining to their patients to provide the right care, in the right setting, at the right time - the pillars of population health management. Although health data is often used in hospital systems, the use of data beyond inpatient settings is underutilized. Hubs will leverage local data by connecting community partners that address social determinants of health with the clinical partners that must now care for patient's medical as well as medical-social challenges. Because the Hub is the connection point between community and clinical services, the entity functions as a data analyst organization further informed by the local experts in the field that sit around their table. Sharing data with entities such as social service agencies working to improve housing and nutrition or nonprofits running crisis hotlines and free clinics results in comprehensive whole-person analysis of the data and is more likely to lead to a population health initiative that the entire community can embrace.

Examples of the Value of Regional Health Hub-Led Data Analysis:

- Camden ARISE (Administrative Records Integrated for Service Excellence) is a project led by the Camden Coalition dedicated to building out an integrated, cross-sector database to help better understand the needs of complex populations. Initiated as a regional hospital claims database that brought three hospital systems together to share data, Camden ARISE has grown to include a wider array of partners that span social services, education, criminal justice and beyond. By combining information across institutions and traditional domains, Camden ARISE enables a multi-dimensional picture of regional challenges and can help drive better decisions about allocation of resources and how to address the root causes of recurring public problems. Camden ARISE has been used to support various population health research initiatives, provided important insight into intervention and policy priorities, and enabled a unique data window for evaluation and quality improvement efforts across the region.
- Trenton Health Team, Health Coalition of Passaic County and Healthy Greater Newark are in various stages of locally implementing NowPow, a multi-sided technology platform that assesses a person's needs, generates tailored referrals by text, email and print, and provides bi-directional management and tracking between clinical and social service providers to promote coordination and close referral loops. Trenton and Newark are also integrating NowPow into their CareEvolution regional population health data analytics platforms to optimize the referral process and to provide the most comprehensive data to inform work at the individual and population levels.
- Hubs, as the manager of a regional HIE, can engage faith-based organizations and hospitals to improve transitions of care using electronic alerts and notifications, using lay-leaders as part of a community care team using real time data.

Convening Essential Partners in the Community:

The Hubs offer value as a convener of essential community partners beyond the traditional clinical partners. The efforts by community-led non-profit ACOs to bring in a broader scope of partners to discuss health data and to align priorities provides an opportunity to modify the competitive and exclusionary actions of health care players. The unique all-inclusive approach incentivizes these competitors to collaborate, share information about patient care, and create interventions for high-cost patients that need improved access to the right care. There are very few, if any, scenarios where competitors come together around a common cause quite like providers and payers in the ACO/Hub environment. Communication and relationship-building helps develop trust between the organizations, which is invaluable to facilitate better care for our most vulnerable citizens and improves the Medicaid system in New Jersey. Convening clinical and community partners with patient and region-specific data to create tangible incentives to work together is the key to the Hubs' value.

Examples of the Value of Regional Health Hub-Led Convening:

- The Camden Coalition, along with Volunteers of America Delaware Valley, South Jersey Behavioral Health Resources (SJBHR), St. Joseph's Carpenters Society and OAKS Integrated Care operate a joint housing program for high-need patients. Preliminary findings from the pilot program demonstrate a 60 percent reduction in unnecessary health care utilization per days at risk after patients with complex health and social needs receive housing. These results are only possible due to the joint efforts of these partners.
- The Health Coalition of Passaic County (HCPC)consists of 18 Board Member Trustees and 50 Community Advisory Board members from a broad range of community-based organizations. These strong relationships developed in Paterson led to the relocation of The Partnership of Maternal and Child Health of Northern NJ to a more convenient Paterson Department of Health and Human Services Office location. HCPC has also worked closely in collaboration with community partners regarding an initiative to address the Pre-term birth rate in Passaic County. HCPC determined women at highest risk, formed teams, developed outreach plan for providers/community partners/women of childbearing age, and hosted 5 community forums to present information and resources to women in the highest risk zip codes in the community.

Strategic Innovation in Delivering Care:

These strengths of rich data analysis and community convening are key to the final role of strategic innovation. Leveraging the trust developed through the ACO/Hub structure provides a foundation necessary to develop strategic and innovative collaboration to drive population health and care delivery improvements, informed by local community health data. There are obvious signals that underscore a continued need to improve how the state spends Medicaid dollars. According to the Rutgers Biomedical and Health Sciences (RBHS) Working Group on Medicaid High Utilizers "recipients in the top 1% of the spending

distribution account for 28% of total statewide spending and those in the top 10% account for approximately 75% of statewide spending."[9] Ensuring that valuable state and federal funding is spent in a way that maximizes these resources is an important role that Hubs can play. Using regional assessments, Hubs can meet the specific needs of each community, by developing creative initiatives that maximize local expertise, connections, and resources. The value of the Hub is the strong connections and relationships beyond the hospital walls and into the community – allowing for innovations that address the whole-person and targets the health of the broader community in which the patient lives and works. Partnering with municipal health officers as well as smaller nonprofits, the Hubs can act on programs in a creative community-centered way.

Examples of the Value of Regional Health Hub-led Strategic Innovation

- Trenton is establishing a "sobering center" proposal with other community partners after identifying a need from local hospitals and homeless service providers (and confirmed by HIE data) for diversion work in the community.
- The Camden Coalition created a chronic disease management program for women of childbearing age designed to decrease maternal morbidity and mortality in two ways: 1) monitor pregnant women and women of reproductive age in the region and make appropriate connections and re-connections to care and, 2) provide sensitive community-based care management to women with complex health and social needs, including housing, substance use disorder and involvement with the child welfare system.
- Health Coalition of Passaic County has targeted a specific population of individuals who are the top 3-5% of emergency department utilizers as well as men aged 40-64 with avoidable hospitalizations due to asthma/COPD or diabetes for increased intervention. Initial analysis and calculation of hospital utilization data notes a year end projection of greater than a 10% decrease in hospitalizations and ED visits for these clients.
- Healthy Greater Newark has engaged the Penn Center for Community Health Workers (CHW) in support of its care coordination pilot focused on Medicaid beneficiaries who reside in three zip codes of Newark aged 30-50 with diabetes, co-morbid behavioral health diagnoses, and high avoidable hospital utilization. Penn's IMPaCT model is a scientifically proven CHW model that includes specialized training and technical assistance, structured workflows and supervision protocols and trauma-informed approaches to care. IMPaCT also stresses the importance of standardized and routine data collection to assess process and outcome metrics. Early pilot data shows a 96% success rate for PCP appointments made by CHWs for the patients.

[9] *http://www.cshp.rutgers.edu/Downloads/10890.pdf*

4 THE ROAD MAP

With 20% of our state budget dollars being invested into the Medicaid system we must be vigilant about the quality and value of the care Medicaid beneficiaries are receiving. We can and should be doing better and getting more for our Medicaid dollars. The Medicaid ACO Demonstration Project was born out of that concept and has proved that community-led non-profit organizations serve a unique role in the health care system.

In the eight years since legislation was signed to create the ACO Demonstration Project, there have been valuable lessons about the essential elements of the program to retain as well as components that stymied the original intent to help provide better care at a lower cost. The following Road Map is a vision to evolve the current Medicaid ACO Demonstration Project into a Regional Health Hub ("Hub") model that will allow existing ACOs to continue to grow and will also enhance the environment to develop new Hubs. The Hub model will embrace the successful elements of ACOs: bringing together competing interests, analyzing patient-level data to inform care decisions, and serving as the hub where community and clinical intersect to achieve the population health goals of our state. The Medicaid ACOs and others are already designing and seeking support for a Hub model. See Appendix A, Regional Health Hub Model Fact Sheet and Appendix B, Op-Ed: Regional Health Hubs, Piecing Together the Healthcare Puzzle for more details. Set forth below are steps and elements to consider in designing a Hub model. They are not intended to be all-inclusive or limiting. They are set forth to elicit further discussion and action on supporting the evolution of the Medicaid ACOs to a Hub model.

1. Objective:

a. To create Regional Health Hubs (Hubs) that perform community asset mapping and work on population health initiatives focused on underserved populations in New Jersey. These Hubs will execute the collective population health needs priorities of the state, local communities, clinical and social service providers.

2. Recognition Concepts:

a. One eligible non-profit in certain counties identified by the State based on factors such as: Medicaid enrollment data; volume of avoidable inpatient admissions and ED visits; high maternal mortality and morbidity; or other public health areas of concerns as identified by the Division of Medical Assistance and Health Services.

b. Governing board that may include representation from local government, local health officers, Medicaid payers, clinical providers, social service agencies and providers, and consumers.

c. All MCOs with covered lives in the county and all hospitals in the county will be invited to participate in the work of the Hub.

3. Financing Sources:

a. An interdepartmental program may be created through legislation, governed and paid for with DOH and/or Medicaid funding. Additional financing from other relevant departments and nongovernmental sources may be accepted by Hubs.

b. Hubs are encouraged to contract with outside entities and apply for additional funding to supplement state funding of the program.

4. Proposed Program Rollout:

a. Step 1 – Receive authority and funding from the State for the Camden Coalition, Trenton Health Team, Healthy Greater Newark and Health Coalition of Passaic County to begin provisional operation as Regional Health Hubs. This would provide them with access to applicable data sets, require they create or use an existing governing board, and develop a multi-year plan for the Hub based on data analysis of the population's needs, agnostic of payer.

b. Step 2 – Work with the DOH/DHS to finalize a multi-year plan for each Hub based on the State's priorities in conjunction with conclusions reached about the population which are supported by the data.

c. Step 3 – Upon State approval of the plan, receive additional State funds to execute the multi-year plan.

d. Step 4 - Specific Hub reporting requirements and performance criteria would be included in the Hub plans and the overall program.

e. A long-term plan would include statewide expansion for emerging Hubs to cover other Medicaid dense regions in the state.

5. Evaluation:

a. Funding from the State for an appropriate, independent, organization to evaluate the Hub program based on a parsimonious, uniform, core set of NQF endorsed population health measures for the entire program and then more specific NQF endorsed measures based on the specific aspects of each Hub's multi-year plan. For non-clinical Hub work such as community convening, additional evaluation strategies should be employed.

APPENDIX A

REGIONAL HEALTH HUB MODEL FACT SHEET

Camden Coalition of Healthcare Providers, Health Coalition of Passaic County, Trenton Health Team, Healthy Greater Newark ACO

Significant state investment in improving the delivery and quality of healthcare in New Jersey has created regionally focused organizations with strengths in real-time data utilization, targeted care coordination and local stakeholder convening. In this proposal, we outline a Regional Health Hub ("Hubs") model that will build on that work and state investment to advance healthcare innovation and delivery reform. This proposal:

I. **Establishes the Hub model with no new state funding** – Hubs can be created and funded by continuing the current ACO Demo Project state appropriation of $1.5 million. Using these state dollars to leverage federal matching funds will ensure the infrastructure exists in 4 communities across NJ (Newark, Paterson, Trenton & Camden) in Year 1.

II. **Expands on and solidifies the strengths of the ACO Demonstration** – The Hub model will add an entire community (HCPC - Paterson) and expand the geography of the existing regional ACOs – for the same state dollars. Each Hub will commit to taking a more regional view of their community and its population health.

III. **Focuses on Maternal & Infant Health and the Opioid crisis** – Hubs will focus on state priority issues, currently maternal and infant health and the opioid crisis. At the direction of the state, Hubs will use their core functions to inform state policy and execute state priorities.

The Regional Health Hub Model

Regional Health Hubs are envisioned as non-profit organizations dedicated to improving healthcare delivery and health outcomes, working in close concert with consumers and stakeholders in the region. We propose that the three certified ACOs (Trenton, Camden and Newark) and one ACO look alike (HCPC - Paterson) be designated as the first Regional Health Hubs in New Jersey. The State will be well served by establishing the Hubs as a reliable mechanism for proactive response to community and state needs. While each hub will approach this task leveraging the unique strengths of its partners and targeting the specific challenges of its region, there are five core functions of a Regional Health Hub:

1. Operate or utilize a regional Health Information Exchange (HIE).

2. Convene multi-sector partners around the region and facilitate priority initiatives.

3. Facilitate care coordination for high needs populations.

4. Operate as a clinical redesign specialist for providers, payers and the state.

5. Serve as a local expert and conduit for state priorities.

Funding

In establishing the Hubs in FY20, New Jersey will maintain its current fiscal commitment, dividing the existing ACO appropriation of $3 million ($1.5 million in state dollars with matching federal funds) among the four proposed Regional Health Hubs. This budget neutral action would establish the Hubs in New Jersey.

After Year 1, the Regional Health Hub model will be expanded around the state using federal matching dollars from several programs. Hubs themselves are integral partners to identifying and drawing down increased federal funding for expansion. Programs to target, many with a 90/10 federal to state dollar match ratio, include:

- HITECH & Medicaid Management Information System (MMIS) funding
- Medicaid Health Homes
- Increased match for SUD focused Health Homes
- Maternal Opioid Misuse (MOM) model

The same state dollars can be strategically invested so as to create 7 or 8 Hubs around the state without increasing the impact on NJ's budget.

APPENDIX B

OP-ED: REGIONAL HEALTH HUBS, PIECING TOGETHER THE HEALTHCARE PUZZLE

NJ Spotlight | By Gregory Paulson | May 16, 2019

State legislators should formally recognize, and maintain the budget appropriation for, key 'regional health hubs'

Our healthcare system is fragmented. Hospitals and doctors try to provide the best care for patients; community organizations provide food, shelter, and social supports for clients. Residents try to support their families and neighbors. A lot of effort. Some success. Too often, frustration and failure.

How can we provide a better patient experience, improve outcomes, and reduce costs?

An innovative project to do just that is underway. Efforts begun in 2011 under New Jersey's Medicaid ACO Demonstration Project have evolved into four regional partnerships that integrate, coordinate, and align disconnected programs aimed at making communities healthier. ACOs (Accountable Care Organizations) serve residents receiving healthcare coverage through Medicaid — those who often lack access to the resources needed to be, and stay, healthy.

Today, we call on policymakers to make health and well-being a priority as they finalize the state budget for fiscal year 2020. New Jersey's regional partnerships — Camden Coalition of Healthcare

Providers, Healthy Greater Newark, Health Coalition of Passaic County, and Trenton Health Team — are making a real difference in the lives of low-income residents while reducing healthcare expenses for taxpayers. In fact, New Jersey is rapidly becoming a national model for how communities can come together to tackle our shared health challenges.

Legislators should build upon this success by formally recognizing our partnerships as regional health hubs and maintaining the existing $1.5 million appropriation. This would enable New Jersey to leverage a one-for-one federal funding match supporting streamlined healthcare in participating communities and provide models for other regions across the state.

Health hubs provide community-based structures for convening stakeholders, planning and providing health interventions. We maintain a regional view of our communities, while supporting the health of each individual in that community. Working collaboratively, we have formed a network focused on improving well-being throughout the state.

Securely sharing healthcare data

One of our most innovative and important roles is securely sharing healthcare data through regional Health Information Exchanges (HIEs) to help care providers better understand and meet patient needs. In Trenton, our HIE has grown to include more than 1,000 doctors, nurses, clinic and hospital staff who can access millions of records for more than 600,000 patients in real time.

This means an emergency-room doctor can quickly access an accurate medical history rather than relying on a patient or family member's memory.

We also share data among regional partnerships. The Trenton HIE, one of the original six in New Jersey, is integrated with the Camden HIE; and the Newark HIE recently adopted the same data

https://www.njspotlight.com/stories/19/05/15/op-ed-regional-health-hubs-piecing-together-the-healthcare-puzzle/

platform. This allows us to securely share protected health information, enabling providers and patients to make evidence-based health decisions with confidence, decisions that are no longer limited to just healthcare.

These sophisticated data systems enable us to address social determinants of health — causes of health problems that are not medical. Now, doctors can make referrals directly to food pantries, legal services, faith communities and other social services in hope of mitigating conditions contributing to health concerns.

Regional health hubs also provide an efficient and effective way to connect community voices and expertise to the New Jersey departments of health and human services. We are nimble enough to respond quickly when needed, to help raise awareness and share important public health messages.

Over the past year, we have worked with our partners to address inequities in maternal health outcomes, access to cancer screening and treatment, challenges in access to healthy food, connections between healthcare and the faith community, youth tobacco-use prevention, school attendance, improvements to the built environment, and more.

Our regional partnerships are helping patients and saving taxpayers money. Designating us as "Regional Health Hubs" and maintaining the current level of funding is a necessary step to provide vital, coordinated, and cost-effective assistance to vulnerable residents and a step forward for New Jersey's serving as a national role model in health innovation.

New Jersey Health Care Quality Institute
Stone House at Carnegie Center | 3628 Route 1 | Princeton, NJ 08540
609-452-5980 | njhcqi.org