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DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP

Learning Collaborative 2

New Jersey Department of Health (NJDOH)

August 14, 2014





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Learning Collaborative Session Objectives

- ✓ DSRIP Updates
- ✓ Summary of Last Meeting Topics/ Discussions
- ✓ Survey Response Review
- ✓ Hospital-Led Presentations
- ✓ Q&A





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NJ DSRIP Program Updates

- **CMS has approved the final attribution criteria**
 - Project Partners are not mandated in the attribution design; *they remain required for the DSRIP program*
 - A new provision has been added to the DSRIP program to incentivize hospitals to include community-based reporting partners
 - Hospitals will have the opportunity to have their 10% gap reduction adjusted to an 8% gap reduction if they have one of the following partner types:

During DY 3:

1. Include a **community-based reporting partner**, or collection of partners that meet a threshold Medicaid patient roster of not less than 1000 unique patients during the attribution period. A data use agreement or (other suitable data sharing arrangement) with the partner must be in place by *October 2014*.

During DY 4:

1. Add an **enhanced reporting partner**, where new business relationships are developed and a data use agreement (or other suitable data sharing arrangement) is in place by *July 2015*.





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NJ DSRIP Program Updates

- Webinar Training specific to attribution and project partners will occur during the first two weeks in September
- Hospitals will have an opportunity to review and revise (add and delete) their partner list based on final attribution and partner criteria
- Stage 4 Outpatient Measures have been **deferred until DY 4**
 1. DSRIP # 56 – Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic
 2. DSRIP #75 – Preventive Care and Screening: High Blood Pressure
 3. DSRIP # 31 – Controlling High Blood Pressure
 4. DSRIP #30 – Comprehensive Diabetes Care: LDL-C Control <100mg/dL
 5. DSRIP # 55 – Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control <100mg/dL
 6. DSRIP # 76 – Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention





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DSRIP Progress Report Findings

- DSRIP team is currently reviewing the DY 3 Q1 Progress Reports – hospitals may receive questions this week
- Notify the DSRIP Team as soon as you determine a plan modification may be required (NJDSRIP@MSLC.COM)
- The QI Plan should be an important component of your project from start to finish-include relative update entries with your progress submissions, regardless of your deadline target date
 - “Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric.” ~Philip Crosby
- Tracking DSRIP performance data responses should be geared to how/ if you are able to pull the data for these measures





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Summary of Prior Meeting Topic/ Discussion

- July 10th Meeting:
 - Summarized DY 2 Progress Report
 - Announced Learning Collaborative Chair/ Co-Chair
 - Presented Monthly Survey
 - Purpose is to capture and facilitate LC discussion on lessons learned, best practices and challenges
 - Assist hospitals in documenting and preparing for quarterly report
 - Will be used as the basis for hospital-led presentations
 - Reviewed DY 3 Q1 Progress Report deadlines and requirements





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Monthly Survey Review

➤ AGGREGATED FEEDBACK FROM ALL COLLABORATIVES

Barriers:

- Unable to hire subject matter (SME) experts required to support the project
- Not all hospitals have a Quality Improvement (QI) Plan developed; risk of success if not in final draft at this juncture
- Ability to pull datasets as requested from the hospital data
- Patient buy-in/ consent to program outreach; allowing the added support into their home/ routine
- Patient medication adherence; unable to afford or identify that need at admission

Suggestions:

- Hospitals found that the use of an outsourced staffing agency to find targeted SME candidates are helping to overcome the hospital human resources (HR) barrier





LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse

- Section II: Support

Survey Question	Yes	No	Total
Question 1 – “Is your hospital’s project team in place?”	8	1	9
	89%	11%	
Question 2 – “Is your hospital’s quality improvement plan developed?”	6	3	9
	67%	33%	
Question 3 – Hospital survey response mentioned that activities with external partners occurred during the month	8	1	9
	89%	11%	
Question 4 – Hospital survey response mentioned that hospital leadership activities occurred during the month	9	0	9
	100%		



LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse

- Section III: Tracking

Survey Question	0-49%	50-74%	75-100%	Total
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	2	7	9
	0%	22%	78%	
Question 7 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	6	2	1	9
	67%	22%	11%	



LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse

- Section III: Tracking

Survey Question	Yes	No	Total
Question 8 – Hospital survey response mentioned that activities have changed, or need to change, in order to be successful	4	5	9
	45%	55%	
Question 9 – Hospital survey response mentioned that hospital is tracking performance data in some manner	3	6	9
	30%	70%	



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LC 2 Monthly Survey Review: *continued*

Section IV: Observations

- Implementation Challenges

- “Data collection is the main concern that we have at the present time.” *St. Clare’s Riverside Medical Center Denville*
- “...as it relates to hiring addiction coaches that met our initial job description standards.” *South Jersey Health System*
- “...due to the later date of approval, we have been forced to push back our training dates.” *Bergen Regional Medical Center*

- Suggestions to overcome barriers

- “... the addition of a nurse care management navigator and LCADC/CADC to this program will help manage the transition of care needs and the care coordination of the patients identified after discharge.” *Capital Health System-Fuld Campus*
- “...able to overcome this initial hiring challenge by contracting staff from an external partner.” *Underwood Medical Hospital*



*LCADC- Licensed Clinical Alcohol and Drug Counselor

**CADC- Certified Alcohol Drug Counselor

Prepared by Myers and Stauffer LC



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LC 2 Monthly Survey Review: *continued*

Section IV: Observations

- Notable Success

- “We consider meeting our Stage 1 and 2 activities successes.” *Bergen Regional Medical Center*
- “We had several patients initiate and engage in treatment.” *Trinitas-Elizabeth General*
- “The addition of the post discharge coordination in the Emergency Department improved our post discharge process and our strong relationships with community based post-acute treatment providers- further enhanced our care coordination.” *Capital Health System- Fuld Campus*





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LC 2 Monthly Survey Review: *continued*

Section IV: Observations

- Lessons Learned

- “Be flexible and stay focused on getting patients the services and support they need.” *Trinitas- Elizabeth General*
- “Active communication to hospital leaderships, partners, stakeholders, school board, teachers, parents, etc... Communicate... Communicate... Communicate.” *Capital Health System- Fuld Campus*



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Q&A

