Session 3 – What Happens Next?

Review of On-Going DSRIP Participation Requirements

July 17, 2013
New Jersey Department of Health (NJDOH)

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Training Session 3 Objectives

- ✓ To understand the review process by Department and CMS
- ✓ To understand the broad reporting requirements
- ✓ To understand baseline performance threshold
- ✓ To understand the role and responsibilities of the Quality & Measures Committee
- ✓ To understand the role of Learning Collaboratives

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Application Review

Activity	Duration	Timeline
Hospital Submits Plan electronically to the DOH		September 6, 2013
CMS will conduct initial review and notify the DOH if systemic gaps or weaknesses are identified	Within 15 days	
DOH will review each hospital's Plan to confirm it meets all Plan requirements and submit approved plans to CMS	Within 45 days	No later than November 15, 2013
DOH will notify the hospital in writing of any questions/ concerns	As applicable	
Hospital will respond in writing to any notifications to the DOH	Within 15 days of notification	
CMS will complete its review	Within 45 days	No later than December 31, 2013
In the event a Plan, or component, is not approved, a hospital may review and resubmit its plan	Within 15 days of notification	No later than January 15, 2014
DOH will send written notice to the hospital following notice from CMS related to	Within 5 days	

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Reporting Requirements

- **Measure selection was based on an extensive review of measures nationally recognized by institutions and collected for other quality measure sets including:**
  - The Joint Commission
  - American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
  - National Committee for Quality Assurance (NCQA)
  - Agency for Healthcare Research and Quality (AHRQ) (Patient Quality Indicators)
  - Health Resources and Services Administration (HRSA)
  - Center for Quality Assessment and Improvement in Mental Health (CQAIMH)
  - Adult Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid
  - Child Health Care Quality Performance Measures System

- **Stage 3 measures were chosen based on their ability to reflect measurable, incremental improvement towards the primary aims of the project**

Reporting Requirements

- Measures include both process and clinical outcomes
- Core measures from Stage 3 are eligible for Pay for Performance (P4P)
  - Minimum of 4 measures, maximum of 11 measures total per project
  - Minimum of 2 P4P measures, maximum of 5 P4P measures per project
- Core set of Stage 4 designated as Universal Performance Pool (UPP) are eligible for these additional payments

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Reporting Requirements – Measures Catalogues

- **Addendum 1: Stage 3 Measures Catalogue**
  - Lists project-specific measure sets
  - Includes:
    1. Measure Name
    2. National Quality Forum (NQF) number, as applicable
    3. Measure Steward
       - Responsible for maintaining national specifications
    4. NJ Data Source
       - Indicates MMIS (claims-based) or Chart/EHR measure
    5. Is the measure eligible for the Pay for Performance (P4P)?
    6. Placeholder – Reporting Period
    7. Placeholder – NJ Improvement Target Goal
    8. Placeholder – National Benchmark

**Measure substitution for P4P may occur if a hospital is above the baseline performance threshold.

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Reporting Requirements – Measures Catalogues

- **Addendum 2: Stage 4 Measures Catalogue** -
  - Lists the measures that ALL hospitals will have to report regardless of the project selected
  - Includes:
    1. Measure Name
    2. National Quality Forum (NQF) number, as applicable
    3. Measure Steward
    4. NJ Data Source
    5. Placeholder – Reporting Period
    6. Is the measure eligible for the UPP?
    7. Is the measure eligible for substitution for UPP?

**Measure substitution for UPP may occur if a hospital does not provide the service category (e.g. obstetrical or pediatric services)

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Reporting Requirements – Data Source

- **Claims-based measures** (MMIS) - **The Department** will calculate the performance rate for measures that utilize claims-based information submitted to the Medicaid Management Information System

- **Non-claims based measures** (Chart/ EHR)- **Hospitals** will calculate and submit the performance rate for all other measures (measures that require data pulls from an Electronic Health Record (EHR) or through manual chart abstraction)

- Databooks will be developed and published with the input of the Quality & Measures Committee

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Reporting Requirements

- Measures will follow the technical specifications established by the Measure Steward except for deviation as necessary based on patient population (e.g. Medicare vs New Jersey Low Income) and as approved by the Department and CMS
  - Includes reporting period (i.e. experience period) of measure (e.g. annual by state fiscal year, calendar year, etc.)
  - If the period is not expressly indicated, a measure may be required to be submitted on a semi-annual basis

- The Medicaid, CHIP, and Charity Care populations (collectively known as “Low Income”) will be linked to a hospital via an attribution model, developed with the input of the Quality & Measures Committee and approved by the Department and CMS

Reporting Requirements - Attribution

The attribution model will be based on one of the following models:

- The CMS Pioneer Accountable Care Organization (ACO) Program or Medicare Shared Savings Program, if suitable using MMIS data, *or*

- ACO model if operational at a NJ hospital system or Medicaid Managed Care Organization (MCO)

- The attribution model will be submitted to CMS for approval

- Calculation criteria will be provided to hospitals with a databook as early as possible, but no later than December 2013

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Reporting Requirements

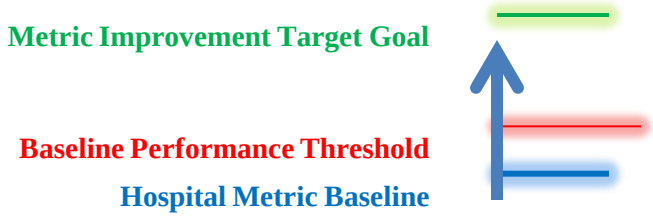
- **Baseline Performance Threshold –** It is the expectation that a hospital will select a project for which **substantial need for improvement in the Focus Area** is reflected
  - For each Stage 3 P4P metric, a performance threshold will be established using baseline data to determine if substantial improvement is achievable.

  - This baseline performance threshold will be calculated at:
    - the lower of 20 percentile points below the metric's high performance level (improvement target goal), based on New Jersey hospital's data, *or*

    - 20 percentile points below the 95th percentile of national performance data, if national data is available for the low income population

Example:
Improvement target goal = 90th percentile

Baseline performance threshold =
90th percentile – 20 percentile points = 70th percentile



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Reporting Requirements

- **Baseline Performance Threshold –** If metric substitution is required because a hospital's baseline performance is greater than the threshold – the following rules apply:
  - *Exceeds All Measures* –
    - *Non-cardiac project* - the hospital will be **required to select a different project**
    - *Cardiac project* - the hospital may either (1) select a different project, or (2) substitute an equal number of measures from the Million Hearts Campaign *(these measures are indicated as such on the Stage 4 Measures Catalogue*)
  - *Exceeds Multiple Measures* -
    - If a hospital exceeds more than one measure, but not all measures, the hospital will be required to substitute measures
  - *Exceeds a Single Measure* –
    - If a hospital exceeds one performance measure, the hospital will have the option of (1) receiving payment using one less measure, or (2) substituting the measure

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Reporting Requirements

Report Type	Key Report Elements	Report Deadline
Initial Application	• Baseline Data or a Plan to submit by December 2013	September 06, 2013
Quarterly Progress Report	• Progress of each project activities - complete, in progress, or has not been started • Documentation supporting the completion of milestones • A timeline of future activities • Summary of Learning Collaborative engagement and results • How rapid-cycle evaluation was used for improvement • Summary of hospital stakeholder engagement and activities • Work accomplished with external partners	July 31 October 31 January 31 April 30
Annual Renewal Plan	• Description of the infrastructure expansions • A timeline of future activities • Annual budget analysis that provides project budget estimation including line item expenditure information	April 30
Stage 3 Measures Databook	• Hospital submitted measures data	October 31 April 30
Stage 4 Measures Databook	• Hospital submitted measures data	October 31 April 30

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Reporting Analysis

- The Department will routinely perform verification and analysis to develop summary reports based on each quarterly progress report

- These summary reports will support the Learning Collaborative and track progress at various levels:
  - Hospital
  - Project
  - Focus Area
  - DSRIP Program
  - State

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Quality & Measures Committee

- The Committee will serve as an advisory group offering expertise in health care quality measures, clinical measurement and clinical data used in performance improvement initiatives
  - Development and recommendation of the attribution model
  - Recommendation of additional metrics for hospitals who have reached the Metric Baseline Performance Threshold
  - Recommendation of the Improvement Target Goal for Stage 3 performance metrics tied to incentive payments
- Committee selection will occur as a key next step

Learning Collaboratives

- The Department will promote and support a continuous environment of learning and sharing of information to bring meaningful improvement to healthcare in New Jersey

- The Learning Collaborative will be designed to promote and/or perform the following:
    - Sharing of DSRIP project development including data, challenges, and proposed solutions based on the hospitals' quarterly progress reports
    - Collaborating based on shared ability and experience
    - Identifying key project personnel
    - Identification of best practices
    - Providing updates on DSRIP program and outcomes
    - Track and produce a "Frequently Asked Questions" document

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Learning Collaboratives

- There will be multiple collaboratives developed based on the number and type of projects chosen by hospitals

- For each collaborative, the Department will designate personnel to be responsible for guiding and facilitating the Learning Collaborative
  - These will be managed through virtual and in-person mechanisms

DSRIP Key Next Steps & Timeline

- Final Approval of Protocols – July 31, 2013
- DSRIP Plan Application Submission – September 6, 2013
- Department review completed – November 15, 2013
- CMS review completed – December 31, 2013
- Selection of Quality & Measures Committee
- Selection of Attribution Model
- Development of Databook & Confirmation of Measure Criteria
- Development of Baseline data

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Q & A

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