

WebEx Instructions

The screenshot shows the WebEx login and audio connection interface. It is divided into three numbered steps:

- Step 1:** The login form includes a text box for "Your name", an optional text box for "Your email address", and a "Join Meeting" button. Below the button is a link for "More ways to join".
- Step 2:** The "Connect to Audio" section features a telephone icon, a "Call Me" option (with the subtext "The meeting will call you."), and an "I Will Call In" option.
- Step 3:** A pop-up window titled "Audio Connection" provides instructions for the "I Will Call In" option, including toll-free and toll numbers for the US/Canada, a link for "All global call-in numbers", and fields for "Enter this access code:" and "Enter your Attendee ID:".

1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

Welcome Activity

Where are you calling in from today?

Enter the county in the poll!





STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

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

New Jersey DSRIP Webinar

December 13, 2018

Today's Speakers:

Alison Shippy - DOH

Emma Trucks – PCG



Prepared by Public Consulting Group

Call-in Number: 1-844-531-9388

Access Code: 212 496 778

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Introducing Alison Shippy!



Alison joined the DOH in October 2018 and will be focused on the development of the DSRIP Successor program.

Alison recently moved to New Jersey from Washington, DC where she worked in various health policy positions, including most recently at the Center for Medicare and Medicaid Innovation (CMMI), which supports the development and testing of innovative health care payment and service delivery models. While in DC, she also worked for a leading consumer advocacy organization and specialty physician society.

Alison started her career in New York at Memorial Sloan Kettering Cancer Center and holds a graduate degree from Columbia University.

Agenda

1. DSRIP Webinar Program Overview for 2019
2. Dashboard Introduction
3. DSRIP Operational Guidance
 - DY7 Reporting Partner Survey Reminder
 - DY7-DY8 High Performance Policy
4. Q&A
5. Evaluation

Today's Objectives

- **By the end of this webinar, participants will be able to:**
 1. Find the DSRIP webinar schedule for 2019.
 2. Communicate their team's preference for measure specification coaching in future webinars.
 3. State the main features of the new Dashboard.
 4. Define the high performer policy for DY7-DY8 Stage 3.

Webinar Program Overview 2019

- **Occur monthly, at alternating times**
 - 2nd Thursdays at 10am
 - 2nd Tuesdays at 3pm
- **Main Objectives**
 - DSRIP programmatic updates
 - Review measure specs, performance & best practices
 - Focus on chart based & MMIS P4P measures
- **Target Audience**
 - Staff responsible for DSRIP oversight & reporting.

Webinar Program Overview 2019

- **All 2019 dates now posted on <https://dsrip.nj.gov/LC.html>:**
 - January 10th @ 10am
 - February 19th @ 3pm.....*takes place 3rd week of month due to conflict*
 - March 14th @ 10am
 - April 9th @ 3pm
 - May 9th @ 10am
 - June 11th @ 3pm
 - July 11th @ 10am
 - August 13th @ 3pm
 - September 12th @ 10am
 - October 8th @ 3pm
 - November 14th @ 10am

Webinar Poll: Measure Specs

- Select the Stage 3 P4P measure your team feels is most important for DOH to review on future webinars:

Measure Name	DSRIP #	NQF #	Measure Steward	NJ Data Source	Reporting Entity/ Setting of Care	Reporting Period	P4P or P4R
30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	3	0330 (based on)	CMS	MMIS	Hospital/ Inpatient	Annual; April	P4P
Ambulatory Care – Emergency Department Visits	8	Not Found	NCQA	MMIS	Hospital/ Emergency Department	Annual; April	P4P
Controlling High Blood Pressure	31	0018	NCQA	Chart/ EHR	Outpatient	Annual; April	P4P
Diabetes Short-Term Complications Admission Rate	36	0272 (based on)	AHRQ	MMIS	Hospital/ Inpatient	Annual; April	P4P
Engagement of alcohol and other drug treatment	38	0004	NCQA	MMIS	Multi-setting	Annual; April	P4P
Follow-up After Hospitalization for Mental Illness – 7 days post discharge	41	0576	NCQA	MMIS	Multi-setting	Annual; April	P4P
Well-Child Visits in First 15 Months of Life	88	1392 (based on)	NCQA	MMIS	Outpatient	Annual; April	P4P

Webinar Poll: Measure Specs

- Select the UPP measure your team feels is most important for DOH to review on future webinars:

Measure Name	DSRIP #	NJ Data Source	Reporting Entity/ Setting of Care	Reporting Period	Eligible for UPP?	Eligible for or as a Substitution for UPP?
30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	1	MMIS	Department/ Inpatient	Annual; April	No	Substitution
30-Day All-Cause Readmission Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	2	MMIS	Department/ Inpatient	Annual; April	No	Substitution
30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	3	MMIS	Department/ Inpatient	Annual; April	No	Substitution
30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization	4	MMIS	Department/ Inpatient	Annual; April	No	Substitution
Ambulatory Care – Emergency Department Visits	8	MMIS	Department/ ED	Annual; April	UPP	No
Asthma in Younger Adults Admission	14	MMIS	Department/ Inpatient	Annual; April	UPP	No
Central Line-Associated Bloodstream Infection (CLABSI) Event	21	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	UPP	No
Cesarean Rate for Nulliparous Singleton Visits	23	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	UPP	Yes
COPD Admission Rate	32	MMIS	Hospital/ Inpatient Care	Annual; April	UPP	No
Diabetes Short-Term Complications Admission Rate	36	MMIS	Hospital/ Inpatient	Annual; April	UPP	No
Elective Delivery	37	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	UPP	Yes
Heart Failure Admission Rate	45	MMIS	Hospital/ Inpatient Care	Annual; April	UPP	No
Hospital Acquired Potentially Preventable Venous Thromboembolism	47	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	UPP	No
Pediatric Central-Line Associated Bloodstream Infections (CLABSI) – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	63	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	UPP	Yes
Percentage of Live Births Weighing Less Than 2,500 grams	67	MMIS	Department/ Inpatient	Annual; April	UPP	Yes
Postoperative Sepsis	74	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	UPP	No

Poll Results - Measures

DSRIP #	Measure Name	Data Source	N
38	Engagement of alcohol and other drug treatment	MMIS	24
3	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	MMIS	21
31	Controlling High Blood Pressure (CBP) DSRIP	Chart	21
67	Percentage of Live Births Weighing Less than 2,500 grams	MMIS	9
8	Ambulatory Care – Emergency Department Visits	MMIS	8
36	Diabetes Short-Term Complications Admission Rate	MMIS	8

- **Access:**
 - Access information will be emailed to primary DSRIP contact
- **Main Features:**
 - View your own hospital's DY3 – DY6 performance;
 - Compare your hospital's performance with others;
 - View data over time;
 - View payment information;
 - Download images, PDFs & excel files;
 - ❖ *Cannot Identify individual records for review.*

Dashboard Introduction

- **Launch Date:**
 - Dashboard will be live in early January.
- **Where:**
 - Tableau platform
 - Integrated into <https://dsrip.nj.gov/Dashboard.html>
- **Training:**
 - A video tutorial will be posted on the DSRIP website in advance of the launch with detailed instructions on how to navigate and interpret the dashboard.

- **Does your organization want the data blinded or do you want to display your results to other hospitals?**
 - We support sharing performance data with other hospitals.
 - We would like our data to be blinded.
- ❖ *Keep in mind*
 - *Dashboard is not public, only DSRIP hospitals have access.*
 - *Dashboard contains no PHI.*
 - *Other programs and reports in the state already publish hospital specific performance data (ie. DOH's NJ Hospital Performance Report etc).*

Dashboard Poll Results

- 46 responses submitted
- Majority indicated a desire to share data
 - 80% (n=37) want to share data
 - 17% (n=8) indicated a preference to keep data blinded
 - 2% (n=1) wanted more time to review with team

Reporting Partner Survey

- Please complete by Monday, December 17th
- New partners added will be reflected in the DY7 attribution list.

DY7-DY8 Stage 3 High Performance

- 1. How are Achievement Values (AV) calculated?**
- 2. What are the new High Performance (HP) thresholds?**

DY7-DY8 Stage 3 P4P High Performance

How are Achievement Values (AV) calculated?

Existing Policy

- “Performance requirements for each P4P metric requires hospitals to achieve not less than a 5% improvement over self, for each of DY7 and DY8”
 - Funding and Mechanics Protocol Section VII.C.ii

DY7-DY8 Stage 3 P4P High Performance

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- Funding and Mechanics Protocol Section VII.C.ii

Existing Policy Example		
Line	Description	Example Calculation
1	DY6 Measure Value (Baseline)	50.00
2	DY7 Percent Improvement Required	5%
3	DY7 Required Increment of Improvement [Line 1 multiplied by Line 2]	2.50
4	DY7 Goal [Line 1 plus Line 3]	52.50
5	DY8 Percent Improvement Required	5%
6	DY8 Required Increment of Improvement [Line 4 multiplied by Line 5]	2.625
7	DY8 Goal [Line 4 plus Line 6]	55.125

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New High Performance Policy

- Hospitals that met or exceeded a high-performance threshold are considered high performers.
- Performance requirements for each P4P metric requires high performers to achieve 2% improvement over self.

- New High Performer Definition language approved by CMS on 10/24/18

- Will be added to Funding and Mechanics Protocol Section VII.C.ii

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4	DY7 Goal [Line 1 plus Line 3]	51.00
5	DY8 Percent Improvement Required	2%
6	DY8 Required Increment of Improvement [Line 4 multiplied by Line 5]	1.02
7	DY8 Goal [Line 4 plus Line 6]	52.02

DY7-DY8 Stage 3 High Performance

What are the new High Performance (HP) thresholds?

DSRIP #	Measure Name	HP Threshold
3	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	0 %
8	Ambulatory Care – Emergency Department Visits	33.66 per 1,000
31	Controlling High Blood Pressure (CBP)	96%
36	Diabetes Short-Term Complications Admission Rate	.233 per 1,000
38	Engagement of alcohol and other drug treatment	22%
41	Follow-up After Hospitalization for Mental Illness 7 days post discharge	77 %
88	Well-Child Visits in First 15 Months of Life	96.42 %

Ask questions in two ways:

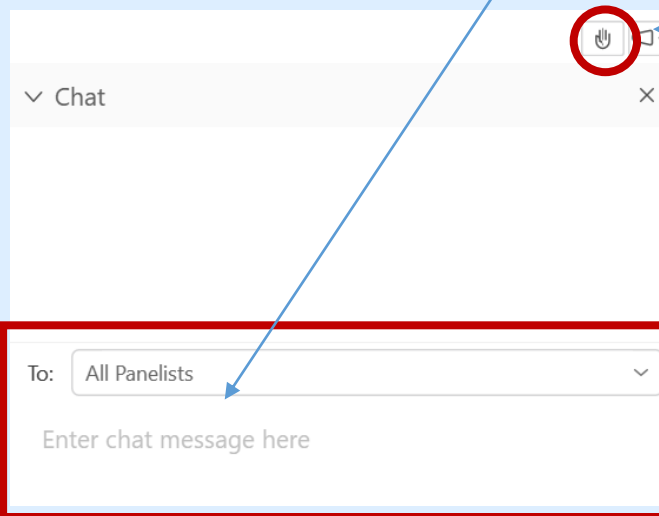
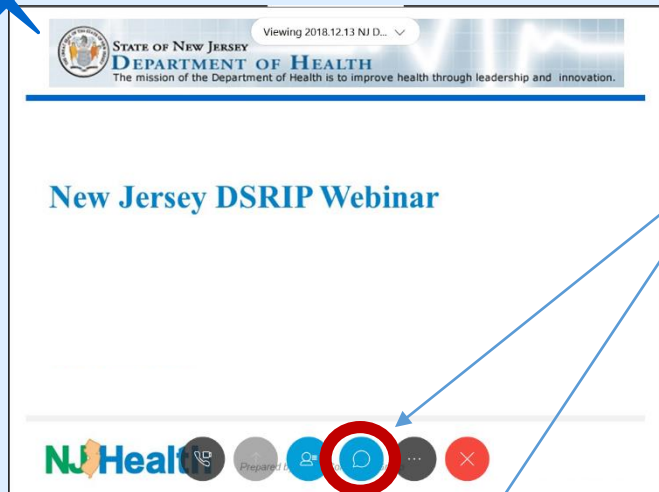
1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

- **Please answer the following evaluation questions**
 1. How would you rate this activity?
5 = Excellent; 1 = Very Poor
 2. Did you feel that this webinar's objectives were met?
 3. Please provide suggestions on how to improve this educational session.