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.
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.

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Email njdsrip@pcgus.com with any additional questions.
Warm Up Poll

Which classic New Jersey food is your favorite?

a. Taylor Ham/Pork Roll

b. Sloppy Joe – New Jersey Style

c. Fat Sandwich

d. Trenton Tomato Pie

e. Chicken Savoy

f. Jersey Hot Dogs – Rippers, Texas, Italian, etc.

g. Disco fries

h. Fresh produce from the Garden State!

https://www.saveur.com/only-in-new-jersey-foods#page-9
NJ DSRIP June 2019 Webinar
June 11, 2019

Today’s Speakers:
Emma Trucks, MPH
PCG

Donna Antenucci RN, BSN
President, LHS Health Network

Office of Healthcare Financing
Robin Ford, MS
Executive Director

Michael D. Conca, MSPH
Health Care Consultant

Alison Shippy, MPH

Prepared by Public Consulting Group
Today’s Objectives

By the end of today’s webinar, participants should be able to:

• Interpret the measure specifications for DSRIP 01.
• Identify strategies utilized by fellow DSRIP hospitals to improve DSRIP 01 outcomes.
• Identify changes inside Databook v5.1 and state which measures will have an updated baseline.
• Navigate the new design of the DSRIP website to find key information.
• Interpret the results of your DY6 appeal letter.
• Return the DY8 approval letters with appropriate signature on time.
• Ensure the appropriate members of your DSRIP team register for the June 26th In-person learning collaborative.
Proposed Agenda

1. DSRIP Measure Specification Review
   
   DSRIP 01: 30-Day All-Cause Readmission Following (AMI) Hospitalization
   
   Lourdes Medical Center presentation on DSRIP 01 related best practices

2. Website Update

3. Databook v5.1 Update

   Review of associated materials and rebasing

5. DY6 Appeals Conclusion

6. DY8 Renewal Application Approval Letters

7. June 26th In-Person Learning Collaborative Announcements

Prepared by Public Consulting Group
Measure Review

DSRIP 01: 30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization
**Measure Description and Context**

**DSRIP 01 Description**

30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization.

**Public Health Context**

- 2016 CDC data shows NJ AMI death rate per 100,000 better than US (27.1 vs. 30.1)*
- NJ Low-Income Pop. AMI all-cause readmission rate improved since DY4

---

Measures Logic

**Description Cont.**

Numerator: # unplanned discharges in 30 days post index discharge for patients who have been members of the NJ Low-Income Population for 365 days prior through 30 days after index discharge.

Denominator: # of discharges with acute AMI as principle diagnosis.

**Exclusions**

- Patient death during index admission or discharged against medical advice
- Same day discharge (unlikely a clinically significant AMI)
- Patients who transfer from your acute care facility to another acute care facility (i.e. admission to another acute care facility within 1 day of discharge)

---

**Flow Diagram: Index Admission to Day 30**

- **Facility A**: Transferred to **Facility B**
- **Facility B**: Discharged
- **Home**: Admitted (Readmission for Facility B)
- **Any Facility**: Discharged (Day 30)
Measure Logic

Other Logic to Note

Index Admission and Same Day “Readmission” @ Same Facility with Same Principle Dx = Index Admission

Same Principle Dx = Readmission

Different Principle Dx = Readmission

If there are multiple unplanned discharges within 30 days after index admission discharge, only 1st is considered a readmission.

An unplanned admission within 30 days but taking place after a planned admission – not considered readmission.
A DSRIP Team Approach: AMI Readmission Reduction Strategy

Donna Antenucci RN, BSN
President, LHS Health Network
AMI Readmission Experience

- 13.5% readmit rate reduction from DY2 Q4 through DY6 Q4
- N= 110
- Needs Assessment:
  - Medication Management & Education
  - Access to Care Assistance
  - Coaching & Mentoring
  - Disease Education
  - Social Assessment to identify affordability issues for needed care
30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization

30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization
Tactic #1: Population Health Services Offered

➢ Population Health RN meets with each patient during the anchor admission: General Introduction

➢ Disease Education: highlight preventative measures, nutritional counseling, exercise

➢ Medication Management: review discharge instructions, medication use, regime and affordability

➢ Access to Care: Ensure each patient has a follow up appointment within 7 days of discharge

➢ Contact patient telephonically within 48 hours of discharge to review any questions regarding discharge planning, transport issues to appointment
Tactic #2: Cardiac Rehabilitation

For AMI

➢ Lourdes has a program that is open 5 days/week and allows patients to interact with a clinician 2-3 times a week

➢ Outcomes are positive for AMI Patients in Cardiac Rehabilitation:

  ➢ 100% of patients met exercise goals
  ➢ Nutrition: 100% met goal with self-reported dietary recall scores
  ➢ 75% Success Rate for Smoking Cessation
  ➢ PHQ-9 psycho social survey, 66% documented improvement
Cardiac Rehabilitation Assessment

- Medication Compliance
- Exercise Tolerance
- Weight trending
- Management of Glucose if Diabetic
- Smoking
- Stress Management
- Are they keeping their follow up appointments with providers?
Tactic #3: Tele-Monitoring

➢ Tablet for Video Chat
➢ Pulse Ox
➢ BP Cuff
➢ Scale

Powerful patient feedback:
“I believe this program saved my life”
I would recommend the Remote Monitoring program to others.  
- 96% Strongly Agree
- 4% Neutral
- 0% Strongly Disagree

I was uncomfortable using the Remote Monitoring technology.  
- 88% Strongly Agree
- 12% Neutral
- 0% Strongly Disagree

I worried about my privacy when using the Remote Monitoring technology to monitor my health.  
- 72% Strongly Agree
- 28% Neutral
- 0% Strongly Disagree

The Remote Monitoring technology was hard to use.  
- 80% Strongly Agree
- 20% Neutral
- 0% Strongly Disagree

I liked the video conferencing feature.  
- 80% Strongly Agree
- 16% Neutral
- 0% Strongly Disagree

I felt more comfortable knowing a nurse was checking my health every day.  
- 80% Strongly Agree
- 20% Neutral
- 0% Strongly Disagree

Learning to take care of my health condition with the Remote Monitoring technology took too much time.  
- 68% Strongly Agree
- 24% Neutral
- 0% Strongly Disagree

I know why it is important to check my vital readings (weight, blood pressure, blood sugars, oxygen)  
- 100% Strongly Agree
- 0% Neutral
- 0% Strongly Disagree

I know the names of the medications I am taking.  
- 92% Strongly Agree
- 8% Neutral
- 0% Strongly Disagree

I know what kind of health condition I have.  
- 80% Strongly Agree
- 16% Neutral
- 4% Strongly Disagree

Post Survey; N=25

Strongly Disagree Neutral Strongly Agree
Tele-Monitoring Utilization and Cost Reductions

➢ The inpatient admission rate per 1,000 dropped 74% for patients in the study group
➢ Inpatient PMPM costs dropped 53% for patients in the study group
➢ Base year 2016 PMPM cost variance = $3,381 = cost avoidance = $2.7M
➢ Performance Year 2017 PMPM cost variance = $2,114 = cost avoidance = $1.3M
➢ Cost measured in 2018 thus far is $1M (data through Sept 2018)
Questions
Program Updates
Website – New Look!
• The refreshed website was published today, June 11th.
• The web address for the NJ DSRIP Website has not changed.
  • https://dsrip.nj.gov/
• Updates to design and organization of the website content.
• All information maintained, with some documents in new locations.
The updated layout mirrors NJ DOH website

Updated header and navigational buttons

Shapes used to highlight key information

DSRIP team contact info now on all pages
NJ DSRIP Participants

The DSRIP Participants page houses documents that require action by the participating NJ DSRIP hospitals. For DSRIP Protocols and other program reference documents, please see the Resources page of this website.

Useful Links

**NJ DSRIP Secure File Transfer Portal (SFTP)**
- Use this portal to securely upload or download NJ DSRIP materials.
- NJ DSRIP Secure File Transfer Portal User Guide

**NJ DSRIP Dashboard**

**NJ DSRIP Hospital Reporting Materials**

**DSRIP Renewal Applications:**
- DY3 Renewal Applications have been completed. Materials below are informational only.
  - DY3 Renewal Application Template (updated 3/3/2019)
  - DY3 Renewal Application Budget Template (updated 3/10/2019)

**Progress Reports:**
- DY7 SA2 Progress Reports have been completed. Materials below are informational only.
  - DY7 Semi-Annual 2 Progress Report Template (updated 3/12/2019)
  - DY7 Semi-Annual 2 Progress Report Budget Template (updated 4/1/2019)

**Appeals Materials:**
- Appeals are not currently open. Materials below are informational only. Updated documents will be provided when Appeals open for DY7.
  - DY6 Appeal Process Guide
  - DY6 Appeal Process Form

New Jersey DSRIP Newsletter

- May 2019
- April 2019
- March 2019
- February 2019

Contact Us

By Email: NJDSPRIP@PCGUS.com
DSRIP Service Desk: 1-833-556-9335
Additional Guidance: Frequently Asked Questions

All reporting materials now in one location

Archive of NJ DSRIP newsletters

New participant page
Schedule of 2019 learning events.
• All 2019 In-person events dates are set.
• Links to calendar holds for all webinars

Archive of past learning materials reorganized by date and includes topic/details.

Find learning materials from past years by clicking on the drop-down links.
Dashboard tutorials posted directly on dashboard page.

When users click on the “Dashboard Tutorials” link, the links to the individual tutorial videos appear.
Dashboard log-in process has not changed.

View once logged in.
Program Updates

Databook v5.1
Databook v5.1

Background

• Source of all measure specifications
• Updated twice annually:
  • v5.0 February 2019 – chart based updates;
  • V5.1 June 2019 – MMIS based updates.
• Redline version and revision log identify key changes.
• Located on Resources page.
**Key Changes**

- MMIS measures updated to align more closely with the latest specifications published by each measure steward or to correct coding inconsistencies.
- Extent of the changes fall into a few categories:
  1. Measures that have no changes (n=21)
     - DSRIP #: 1, 2, 3, 5, 6, 7, 8, 13, 14, 20, 22, 27, 28, 32, 34, 42, 46, 62, 66, 67, 81
  2. Measures updated to latest Steward specs that require rebasing (n=11)
     - DSRIP #: 11, 12, 16, 36, 38, 40, 41, 45, 48, 52, 92
  3. Measures updated to latest Steward specs that don’t require rebasing (n=7)
     - DSRIP #: 4, 25, 29, 35, 60, 83, 90
  4. Measure specifications have not changed, but coding inconsistencies corrected, and require rebasing (n=1)
     - DSRIP #: 88
## Rebased Measures

<table>
<thead>
<tr>
<th>DSRIP #</th>
<th>Measure</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 &amp; 12</td>
<td>Antidepressant Medication Management</td>
<td>Measures updated to most of HEDIS 2019 specifications.</td>
</tr>
<tr>
<td>40 &amp; 41</td>
<td>Follow-up After Hospitalization for Mental Illness</td>
<td>Measures updated to most of HEDIS 2019 specifications.</td>
</tr>
<tr>
<td>45</td>
<td>Heart Failure Admission Rate</td>
<td>Code set updated.</td>
</tr>
<tr>
<td>48</td>
<td>Hypertension Admission Rate</td>
<td>Code set updated.</td>
</tr>
<tr>
<td>38 &amp; 52</td>
<td>Initiation and Engagement of Alcohol and Other Drug Treatment</td>
<td>Measures updated to most of HEDIS 2019 specifications.</td>
</tr>
<tr>
<td>36</td>
<td>Diabetes Short-term Admission Rate</td>
<td>Code set updated.</td>
</tr>
<tr>
<td>16</td>
<td>Breast Cancer Screening</td>
<td>Measure updated to HEDIS 2019 specifications.</td>
</tr>
<tr>
<td>88</td>
<td>Well-child Visits in the First 15 Years of Life</td>
<td>Inconsistencies with inclusion of diagnosis codes corrected in the measure calculation.</td>
</tr>
<tr>
<td>92</td>
<td>Diabetes Monitoring for People with Diabetes and Schizophrenia</td>
<td>Measure updated to most of HEDIS 2019 specifications.</td>
</tr>
</tbody>
</table>
Study the revision log to note all specification changes.

Look at tab “Revision Log 5.1” for the latest changes.
Let’s Focus on DSRIP 41 which was updated to the latest 2019 HEDIS Specifications.

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>DSRIP ID</th>
<th>Measure Name</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/5/2019</td>
<td>DSRIP 41</td>
<td>Follow-up After Hospitalization for Mental Illness – 7 Days</td>
<td>Updated to HEDIS 2019 specifications, added intentional self harm diagnosis, reconfigured how to identify numerator, removed the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner, revised the measure so that follow up visits on the day of discharge are not counted. (DY6 Results rebased)</td>
</tr>
</tbody>
</table>
The Databook v5.1 redline version gives you the most detailed view of all the revisions. Look for red text to track all changes. Check “Measure Collection Description” table to review changes to baseline period. If redlined, measure will be rebased.
Program Updates

DY6 Appeals Conclusion
DY6 Appeals

Outcomes

- DY6 appeals payment and performance adjustment letters distributed to each hospital on 6/5.
- 15 hospitals submitted appeals; 13 unique measures; 40 unique issues.
- Only 3 performance result changes occurred after appeals process.
- No changes occurred to payments for Stages 1, 2 or 4.
- Some substantiated appeals impacted hospitals’ Stage 3 results.
- All eligible hospitals will have a UPP payment adjustment due to changes in the amount available in the UPP Remainder Pool.

Next Steps

- Performance changes from substantiated appeals updated in dashboard.
- Hospitals that submitted appeals can expect additional letters detailing the results of their appeals outcome.
DY6 Appeals

**Outcomes**

- DY6 appeals payment and performance adjustment letters distributed to each hospital on 6/5.
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- No changes occurred to payments for Stages 1, 2 or 4.
- Some substantiated appeals impacted hospitals’ Stage 3 results.
- All eligible hospitals will have a UPP payment adjustment due to changes in the amount available in the UPP Remainder Pool.

**Next Steps**

- Performance changes from substantiated appeals updated in dashboard.
- Hospitals that submitted appeals can expect additional letters detailing the results of their appeals outcome.

Remember DY6 uses the old staging conventions!
In this example, this hospital had no appeals based adjustments to stages 1-4 or UPP carve out. They did experience a UPP remainder adjustment resulting in gaining an additional $12,129.
DY6 Appeals Letters

Example

- Letters provide an overview table of adjustments (shown below) then breaks down the adjustments (or lack thereof) by each stage.
- All hospitals should pay attention to their UPP remainder adjustment!

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Final</th>
<th>Final - Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stages 1 and 2</td>
<td>$1,251,776</td>
<td>$1,251,776</td>
<td>$0</td>
</tr>
<tr>
<td>Stage 3</td>
<td>$1,001,421</td>
<td>$1,001,421</td>
<td>$0</td>
</tr>
<tr>
<td>Stage 4</td>
<td>$1,251,776</td>
<td>$1,251,776</td>
<td>$0</td>
</tr>
<tr>
<td>UPP Carve-Out</td>
<td>$1,112,690</td>
<td>$1,112,690</td>
<td>$0</td>
</tr>
<tr>
<td>UPP Remainder</td>
<td>$2,263,773</td>
<td>$2,275,903</td>
<td>$12,129</td>
</tr>
<tr>
<td>Total</td>
<td>$6,881,435</td>
<td>$6,893,565</td>
<td>$12,129</td>
</tr>
</tbody>
</table>

Post appeal “Total Earned” by each hospital is compared to the post appeal “Total Earned by All DSRIP Hospitals” to calculate what percentage of the remainder each eligible hospital will receive.

UPP Remainder Eligible (8 or more achieved UPP Carve-Out)
- Stages 1 and 2 Earned
- Stage 3 Earned
- Stage 4 Earned
- UPP Carve-Out Earned
- Total Earned

Total Earned by All DSRIP Hospitals

Percent of All Hospital Earned

Adjusted to 100% Total

UPP Remainder Total

UPP Remainder Earned (Remainder * Percent Earned)
Program Updates

DY8 Annual Renewal Applications
DY8 Renewal Apps

Next Steps

- DOH has approved all hospitals’ DY8 Renewal Applications.
- Approval Letters were posted to each hospital’s Inbound folder on the SFTP on June 5, 2019. An announcement was sent to each hospitals’ CEO/President and NJ DSRIP primary contact via njdsrip@pcgus.com.
- Letters must be signed by CEO and returned by June 26, 2019 (15 business days post distribution)
- Submit signed letters your hospital’s SFTP Outbound folder.
Program Updates
In-Person Learning Collaborative on June 26th
Each hospital can send two team members to attend the conference.
Health systems with multiple DSRIP hospitals may send additional representative.
Must register by June 17, 2019.
Every hospital must send at least one representative.

Date/Time: June 26, 2019 from 10:30-3:30, registration opens at 10am.
Location: New Jersey Hospital Association, Princeton, NJ.
Lunch will be provided.
Topic: Stakeholder Engagement.
CME credit will be provided.
6/26 In-Person Learning Collaborative

Target Audience

- Clinical and non-clinical DSRIP Team members responsible for leading or participating in quality initiatives.

Learning Objectives

At the conclusion of this activity, participants should be able to:

1. Evaluate the effectiveness of their QI team;
2. Engage the right QI team members in the most effective way;
3. Evaluate, navigate and build their team’s/institution’s quality culture for success;
4. Utilize stakeholder mapping, analysis and communication tools to increase QI team’s effectiveness;
5. Identify successful strategies for community based stakeholder engagement.
NJ DHS – Free Naloxone on June 18\textsuperscript{th}

NALOXONE SAVES LIVES

State of NJ is providing naloxone for free at participating pharmacies on 6/18/19.

• No Individual Prescription Needed

• No Payment or Insurance Required

• No Name Required Naloxone can reverse opioid overdoses.

• Distributed on a first-come, first-serve basis.

• Limit one per person.

Visit nj.gov/humanservices/stopoverdoses for a list of participating pharmacies.

For Addiction Help 24/7 Call 1-844-REACHNJ

Note: Professionals, professional entities, first responders and first responder entities, as defined in N.J.S.A. 24:6J-3, are not eligible to obtain the opioid antidote through this project.
Q & A
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.

Email njdsrip@pcgus.com with any additional questions.
Evaluation

• 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?
   • Interpret the measure specifications for DSRIP 01.
   • Identify strategies utilized by fellow DSRIP hospitals to improve DSRIP 01 outcomes.
   • Identify changes inside Databook v5.1 and state which measures will have an updated baseline.
   • Navigate the new design of the DSRIP website to find key information.
   • Interpret the results of your DY6 appeal.
   • Return the DY8 approval letters with appropriate signature on time.
   • Ensure the appropriate members of your DSRIP team register for the June 26th In-person learning collaborative.

3. Please provide suggestions to improve our measure specification review.

4. Please provide suggestions on how to improve this educational session.

Prepared by Public Consulting Group