



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

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

NJ DSRIP Learning Collaborative

New Jersey Department of Health (NJDOH)

April 9, 2015





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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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Summary of Prior Meeting Topic/ Discussion

March 12, 2015 Meeting:

- 2015 Timeline of Activities
- Performance Measurement
- DY3 Findings and DY4 Progress Report Recommendations
- February LC survey result review
- DY4 Annual DSRIP Application Renewal
- NJ DSRIP Website Log-in Process
- Industry guest speaker presentations





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NJ DSRIP Program Updates

- ✓ DY4 DSRIP Re-Application is due April 30, 2015
 - Will include CMS requested updated information from the application approvals.
 - Suggested (not mandatory) budget template available
- ✓ DY3 Q4 Progress Report is due by April 30, 2015
 - Refer to the Guidance document for detailed expectations for this quarter
 - Suggested (not mandatory) budget template available
 - This is the last quarter in which you can complete non-quarterly Stage I (Infrastructure Development) and Stage II (Pilot, Pilot Evaluation and Full Implementation) activities. Failure to complete an activity will result in a forfeiture of funds allocated to that activity. Forfeited funds will go to the Universal Performance Pool (UPP).





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NJ DSRIP Program Updates

- ✓ Data Reporting due: **April 30, 2015**; Submit using the NJ DSRIP Standard Reporting Workbook, located under Resources/Documents for Download/Databook and Standard Reporting Workbook
 - Completed document must be submitted via the Myers and Stauffer secure FTP site
 - **DSRIP has determined that hospitals will not be required to go back and oversample due to exclusions.**
 - All Stage III outpatient measures remain due by April 2015 and were not deferred. DSRIP# 31, Controlling High Blood Pressure, is applicable for Stage III reporting.
 - There has been no communication from CMS regarding retired measure reporting or modifying the number of Stage IV reported measures at this time.
 - Webinar 9 was offered April 7, 2015 from 1- 2:30p.m. to answer any last minute questions. Slides will be available for viewing by the end of this week
 - Webinar 8 Performance Measurement and Attribution slide 7 lists the Stage IV measures that were deferred for this reporting period





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Survey Completion and Submission Improvement Needed

- ✓ ***NEW SURVEY QUESTIONS CAPTURED EACH MONTH***
- ✓ 3 hospitals sent in the wrong survey
 - Each month the survey questions change and need to be downloaded from the NJ DSRIP website <http://dsrip.nj.gov/LC/LC>
- ✓ 11 hospitals didn't fill in the meeting evaluation portion; is noted that there was an issue with the drop down boxes that was corrected once identified
 - With only 78% of the hospitals responding, an accurate representation of the meeting evaluation can't be made
- ✓ 3 hospitals didn't provide match rate information
- ✓ 14 hospitals did not submit a survey by the March 20 due date

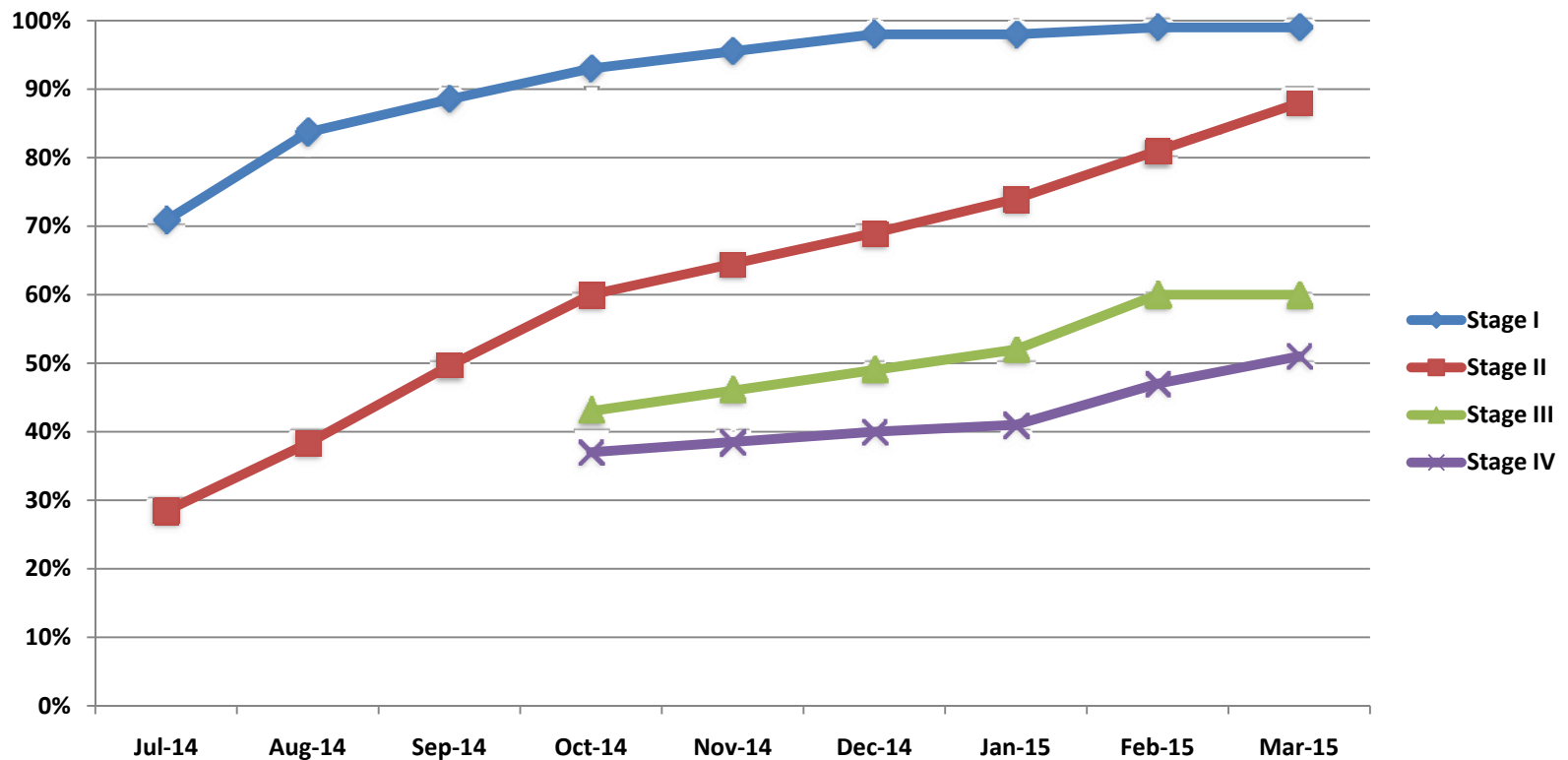
Survey completion supports your Stage II Activity 6 quarterly submission requirements as well as supporting information for the DSRIP Program Evaluation (*Planning Protocol Pg 50*)

Due to these multiple irregularities, March survey results are independently related to the total number of submissions for each question since there was such a variance of response within the survey.



Monthly Survey Review: LC aggregate over time

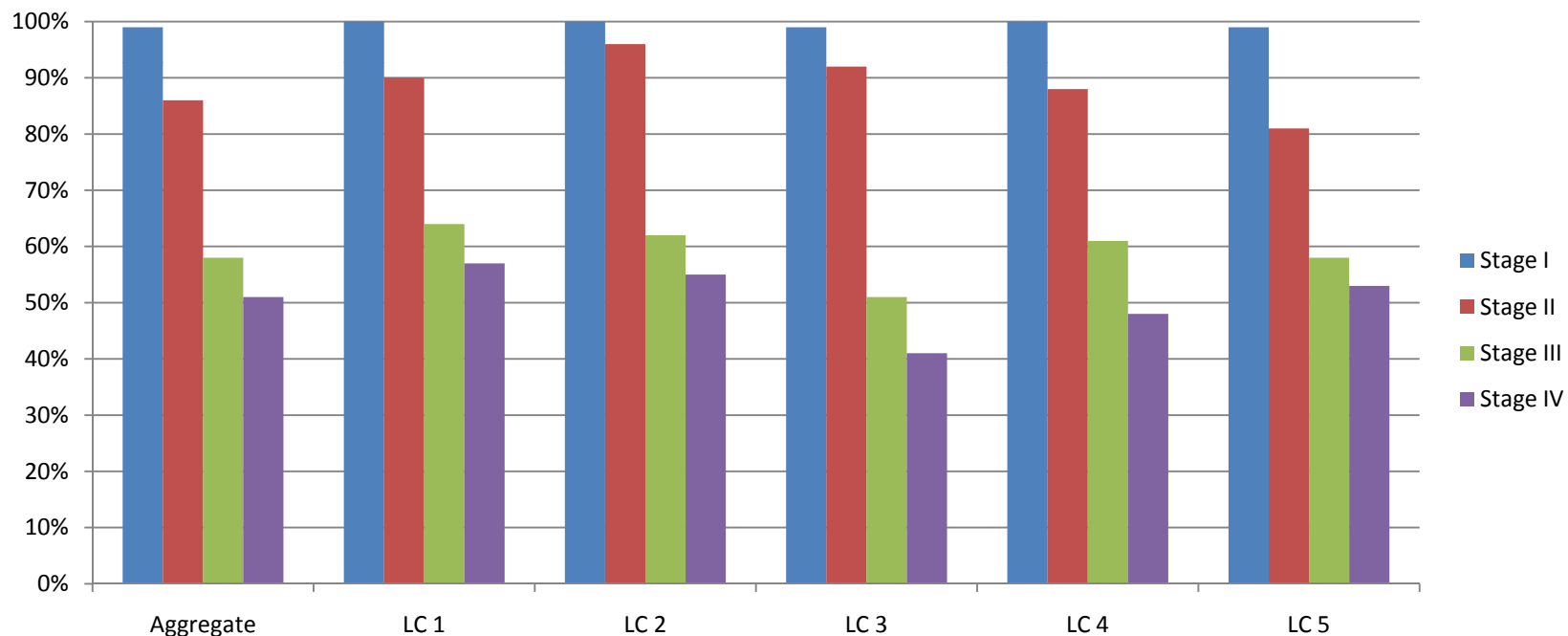
➤ Section III: Project Implementation- *Percentage of Stage Completion*





Monthly Survey Review: March 2015 comparison

➤ Section III: Project Implementation- *Percentage of Stage Completion*





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Final Patient Attribution Match Rates:

Medicaid/CHIP & Charity Care

- 96% (48 hospitals) submitted final attribution match rates
- Of those hospitals that submitted a response, 83% (40 Hospitals) had 90%, or better, match rates
 - 8% (4 hospitals) had less than 50% match rates
 - Reach out to the DSRIP Team if you are still significantly below the expected 90th percentile match rate
- With the February 2015 survey, 72% (36 hospitals) attempted to match their preliminary attribution patient list with 22% (11 Hospitals) having 90%, or better, match rates





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LC 2 Open Chair and Co-Chair Positions

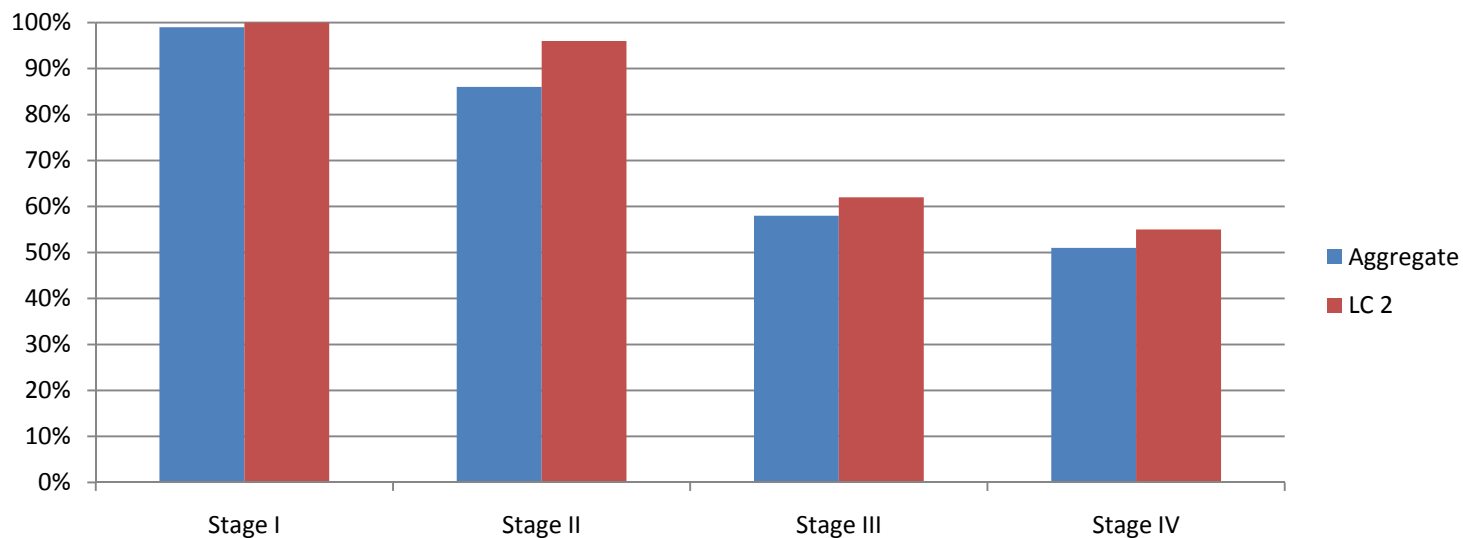
- Please confirm who the volunteers from the on-site Learning Collaborative meeting in March are.
- Thank you!





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

- Section III: Project Implementation- Tracking





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

➤ Section IV: Observations

Implementation Challenge(s)

- “Our implementation challenges still revolve around being able to confirm initiation of treatment with our patients. This challenge also includes funding sources associated with patients who do not have insurance as well the wait times on state sponsored facilities.” *Inspira Medical Center- Elmer, Vineland & Woodbury*
- “It was challenging to get our partners their FTP access completed.” *Monmouth Medical Center & Monmouth Medical Center- Southern Campus*

Suggestions to overcome barrier(s)

- “As we are still working to overcome this [see above] problem, our mini collaborative has been a great sounding board for ideas. We are always **open to any suggestions** to overcome bed shortages and funding barriers.” *Inspira Medical Center- Elmer, Vineland & Woodbury*
- “We worked through the process with the designated contacts and they have access and have downloaded their list.” *Monmouth Medical Center & Monmouth Medical Center- Southern Campus*





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

➤ Section IV: Observations

Notable Success

- “Customer satisfaction ratings and success of integration of Peer Support Specialists.” *Bergen Regional Medical Center*
- “The current maintenance of our project as it is in full implementation is a huge success. As a collaborative we are working together to review our current processes and make improvements as we move forward.” *Inspira Medical Center- Elmer, Vineland & Woodbury*
- “The expansion of the referral process has had the desired effect of increasing our program enrollment.” *Monmouth Medical Center & Monmouth Medical Center- Southern Campus*



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

➤ Section IV: Observations

Lesson(s) Learned/Best practice(s)

- “Enhanced transition of care from Inpatient to the IHH Outpatient team has resulted in significantly lower "no-show" rates of 18%.” *Monmouth Medical Center & Monmouth Medical Center- Southern Campus*
- “Under the Hospital-wide Screening for Substance Use Disorder project, inpatients identified with AOD/SUD meets with the CADC or the RN case navigator to discuss post discharge options... The presence of the project team daily to service both inpatients and outpatients increased awareness of community based resources, compliance with referral and follow up and will lower rate of repeat admissions for AOD/SUD related problems for both inpatients and ED patients.” *Capital Health Regional Medical Center*



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TODAY'S LC 2 PRESENTERS ARE:

Monmouth Medical Center

St. Clare's Hospital- Denville





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May 14, 2015 PRESENTERS

**Trinitas Regional Medical
Center**

**Inspira Medical Center-
Woodbury**

- ❖ Please have a 10 minute presentation to speak on the following items, when called upon:
 1. Describe at a high-level what project intervention(s) your hospital is implementing
 2. Discuss your hospital's responses to the Monthly Survey
 3. Discuss your hospital's project achievement to date
 4. Offer any project observations, challenges and noted successes to date
- ❖ If a presentation is provided, please have it in a PowerPoint format, since that is optimal for our conference provider and continuity for posting to the NJ DSRIP website.





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Q & A

