NJ DSRIP
Learning Collaborative

New Jersey Department of Health (NJDOH)

February 12, 2015
Learning Collaborative Session Objectives

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

January 8, 2015 Meeting:

- DY3 Q2 Progress Report Updates
- DY3 Q3 Reminders
- Review of December Learning Collaborative Response Statistics
- Industry presentations
NJ DSRIP Program Updates

✓ DY4 DSRIP Re-Application is due April 30, 2015
  – Will include CMS requested updated information from the application approvals.
✓ DY3 Q4 Progress Report is due by April 30, 2015
✓ Preliminary Attributed Patient Roster to the Industry: January 2015
  – Final Attributed Patient Roster
✓ Data Reporting due: April 30, 2015
  – All Stage III outpatient measures remain due by April 2015 and were not deferred. DSRIP# 31, Controlling High Blood Pressure, is applicable for Stage IV reporting.
NJ DSRIP Program Updates

✔ Webinar 8: Performance Measurement and Attribution was presented on February 11, 2015
  - The Webinar and audio will be loaded to the NJ DSRIP website, on the “Training Material” tab, by the end of next week for your reference.

✔ FTP access by your reporting partners required submission of the completed worksheet to Myers and Stauffer by February 9.
  - Once the Terms of Use Agreement has been accepted, a user name is emailed to the new user and Myers and Stauffer will call them with their password.
  - Reminder, documents are auto-deleted from the FTP site after 14 calendar days.
DY3 Q1 Progress Reports – Findings

✓ Waiting on CMS review of remaining outstanding issues

DY3 Q2 Progress Reports – Overview & Findings

✓ All Progress Reports and Data Review Plans have been reviewed by the Department and outreach completed to the Industry.

✓ All 50 reports have been submitted to CMS for review. You will be updated as soon as the Department receives feedback.
DY3 Q3 Progress Report Updates

- The Progress Reports due date was extended to **Friday, February 6** due to extreme winter weather in NJ. Timelines for review completion will be revised as necessary.

- The Department is currently reviewing the submissions and will send request for information emails to your DSRIP contacts if there are any activities/milestones that need additional information provided.

- Regarding the quarterly return on investment (ROI) question—when hospitals have indicated it is too soon to develop a ROI calculation and documented such, the reviewers from the state and CMS have accepted this response.
  - Each quarter reviewed, those hospitals that have not submitted enough information to satisfy this request have been individually reached out to.
DY3 Q4 Progress Report

S2A4  Ongoing monitoring of program outcomes

For this activity the hospital needs to indicate the data points you are monitoring for your DSRIP plan in addition to the Stage III and Stage IV metrics.

Remember to ensure you have answered each minimum submission requirements for this activity.

Examples of program outcomes you may be monitoring: patient attendance for scheduled visits, patient enrollment, improvement in medication management, improved care processes, improved patient compliance, reduction in missed school days.

Example of how to document this activity:

- Each month we run a query to determine the number of patients in our program we contacted within 3 days following discharge as part of our enhanced discharge planning services for our DSRIP patients. We compare this report to the previous month’s to determine how we are performing on this key performance indicator. Last month, we met this goal 99% of the time which is up 1% from the previous month.
### Monthly Survey Review: Aggregate

#### Section II: Project Implementation- Support

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>0-49%</th>
<th>50-74%</th>
<th>75-100%</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Question 1</strong> – “What percentage of your Quality Improvement Plan is documented?”</td>
<td>0</td>
<td>6</td>
<td>43</td>
<td>49</td>
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<td></td>
<td>12%</td>
<td>88%</td>
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<thead>
<tr>
<th>Survey Question</th>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
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<tbody>
<tr>
<td><strong>Question 4</strong> – “What stage of the PDSA cycle would you consider your project to be in?”</td>
<td>2</td>
<td>16</td>
<td>15</td>
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*NR- Not Received by response date
### Monthly Survey Review: Aggregate

#### Section II: Project Implementation - Support (continued)

<table>
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<tr>
<td><strong>Question 5</strong> – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”</td>
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<td><strong>Question 6</strong> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”</td>
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<td>49</td>
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<td>16%</td>
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<tr>
<td><strong>Question 8</strong> – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”</td>
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<td>14</td>
<td>16</td>
<td>49</td>
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<td>39%</td>
<td>29%</td>
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<tr>
<td><strong>Question 9</strong> – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”</td>
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<td>14</td>
<td>9</td>
<td>49</td>
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<tr>
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<td>53%</td>
<td>29%</td>
<td>18%</td>
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*NR- Not Received by response date
Monthly Survey Review: LC aggregate over time

Section II: Project Implementation - Percentage of Stage Completion

1 Not Received by response date

Prepared by Myers and Stauffer LC
Monthly Survey Review: January 2015 comparison

Section II: Project Implementation - Percentage of Stage Completion

1 Not Received by response date
**LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse**

- **Section II: Project Implementation- Support**

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<td><strong>Question 9</strong> – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”</td>
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<td>44%</td>
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LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse

Section IV: Observations

Implementation Challenge(s)
- “SF-36 Patient Assessment Scoring in real-time and lower than expected patient volume.” Kimball Medical Center & Monmouth Medical Center
- “Abstraction/trending/creation of reports for data measurements has been difficult for us.” St. Clare’s- Riverside Medical Center
- “Doing better with consumer completion of self-assessments and now focusing on provider use of self-assessment to create a shared decision.” Bergen Regional Medical Center

Suggestions to overcome barrier(s)
- “We are currently running two PDSA cycles to address these challenges and have temporary work arounds in place in the interim.” Kimball Medical Center & Monmouth Medical Center
- “We are currently evaluating our current reporting systems and implementing new automatic reports for monthly/quarterly monitoring of measurements.” St. Clare’s- Riverside Medical Center
“Developed a tracking tool with the CommonGround software developers and continued coaching and training of individual prescribers.” Bergen Regional Medical Center
Section IV: Observations

Notable Success

- “85% of all admissions screened monthly with AUDIT tool; at risk population being identified by AUDIT score and order for CIWA protocol to prevent/manage withdrawal symptoms.”  
  Trinitas-Elizabeth General
- “Our ability to work as a cohesive team to make process changes throughout our pilot program. Process changes have been completed by analyzing data from our pilot and we anticipate continuing this process throughout full implementation.”  
  Underwood Memorial Hospital

Lesson(s) Learned/Best practice(s)

- “Finding that collaborative approach of nurse + addiction specialist + social worker may enhance patient engagement.”  
  Trinitas-Elizabeth General
- “Having an open communication and feedback pathway with all our involved departments. This has been especially beneficial as we move towards full implementation in the coming weeks.”  
  Underwood Memorial Hospital
TODAY’S LC 2 PRESENTERS ARE:

Bergen Regional Medical Center

South Jersey Health System- Elmer
March 12, 2015 is ON-SITE AT THE NJHA
1:30 p.m. to 4:00 p.m.

- Presenters will be shared with the Industry once they have been confirmed
- Remember to have your two hospital representatives attend and sign the attendance sheets. The post survey will be available on-line only.
  1. One hospital representative that is either the DSRIP Champion or DSRIP Project Manager
  2. Another hospital representative or a DSRIP stakeholder (such as project partner)
    - A single representative from a hospital system (i.e. multiple hospitals) is allowed to attend in addition to the two required LC representatives OR
    - A system representative may represent each DSRIP hospital in their system along with another hospital representative, as long as one of these individuals is a DSRIP Champion or DSRIP Project Manager
Q & A