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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)

January 8, 2015





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

December 11, 2014 Meeting:

- DY3 Q2 Progress Report Updates
- Review of October Learning Collaborative Response Statistics
- Industry presentations





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NJ DSRIP Program Updates

- ✓ Data Review Plans: All initial reviews have been sent to the hospitals, those requiring secondary review are in the process of re-review.
- ✓ Attributed Patient Roster: January 2015
 - A webinar to review the layout and performance measures is planned, notification of date/times will be made shortly
 - By email notification and on the Announcements section of the NJ DSRIP site (<http://dsrip.nj.gov/>)
- ✓ Data Reporting due: April 2015
- ✓ DY3 Q2 Progress Reports: The Department will finish their review of the reports requiring additional supplemental information this month and be forwarding to CMS for their review.





NJ DSRIP “Reducing the Gap” questions

✓ Reference Session 1 Webinar from July 17, 2013 slides 16- 18

For any measure that the Department (with CMS concurrence) determines that the “Reducing the Gap” methodology cannot be calculated, a simple ten percent (10%) rate of improvement over the hospital’s baseline performance per year will apply.

✓ Reference Webinar 3: Financial and Budget Review August 21, 2013

Stage III Pay for Performance (P4P) and “Reducing the Gap” Methodology starting on slide 17

- Gap = Difference between the hospital’s baseline performance, and the metric’s established improvement target goal
 - 10% gap reduction required to receive payment
- Baseline = this is the initial starting point from which the hospital’s future performance will be compared
- Improvement Target Goal = the benchmark that serves as the standard level of performance that NJ hospitals should strive to obtain
- Expected Improvement Target = the required target of improvement; baseline plus the calculated gap to receive the required performance improvement



DY3 Q3 Progress Report Reminders

If you HAVE NOT already started or DO NOT PLAN to start your pilot program this month, contact the DSRIP team as soon as possible at njdsrip.mslc.com

- ✓ DY3 Q3 Progress Reports should be sent to the Industry no later than early next week- be sure to complete BOTH tabs on the Progress Report excel.
- ✓ Please enter the date (Cell B4) first when you are completing the Progress Report. Several error messages can be avoided by entering this date as there is time line logic (excel formulas) tied to this date.
- ✓ Remember to **submit detailed documentation** to cover each bullet point listed for the minimum submissions requirements for the Activity/action/milestone completed.
- ✓ Quarterly submissions: Include dates to ensure the reviewer can confirm activities occurred within the quarter-specific performance period.
- ✓ Updated DY BUDGET submission and reference to ROI is **mandatory**. Referencing the application budget or not submitting a budget because there are no changes from the last submission is not sufficient.





Monthly Survey Review: Aggregate

➤ Section II: Project Implementation- Support

Survey Question	0-49%	50-74%	75-100%	Total
Question 1 – “What percentage of your Quality Improvement Plan is documented?”	0	5	41	46
		11%	89%	*NR-4

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	1	18	20	7



Monthly Survey Review: Aggregate

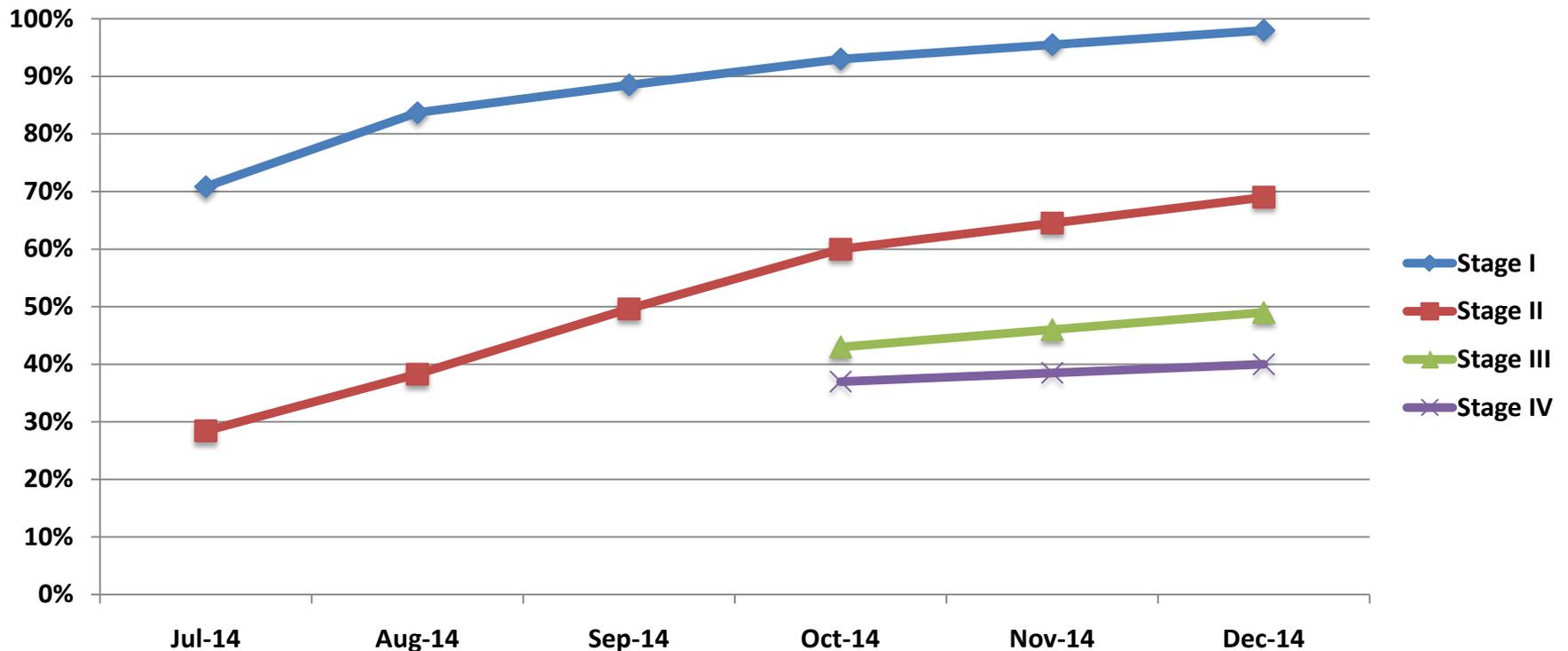
➤ Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
Question 5 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	0	46	46
			100%	*NR-4
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	7	14	25	46
	15%	31%	54%	*NR-4
Question 8 – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	22	8	16	46
	48%	17%	35%	*NR-4
Question 9 – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	25	13	8	46
	55%	28%	17%	*NR-4



Monthly Survey Review: LC aggregate over time

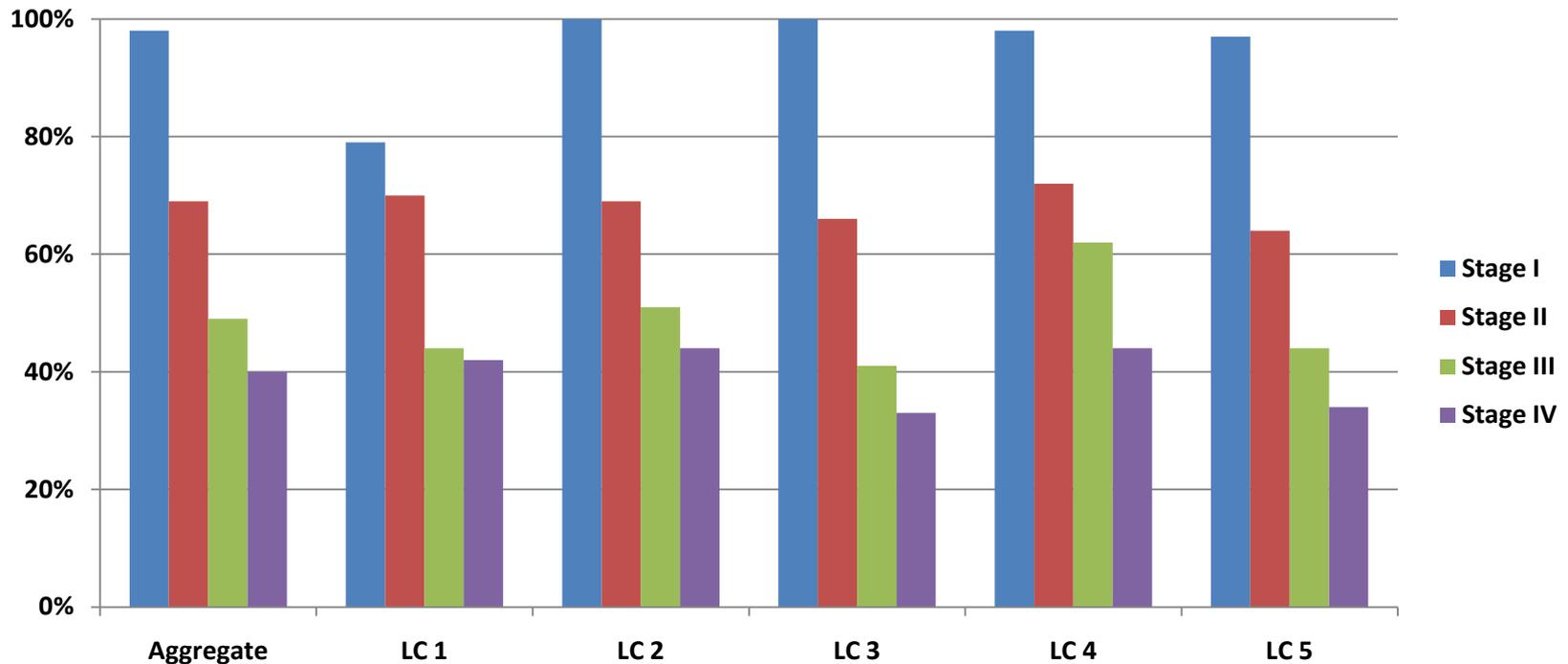
➤ Section II: Project Implementation- *Percentage of Stage Completion*





Monthly Survey Review: December 2014 comparison

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





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

➤ Section II: Project Implementation- Support

Survey Question	0-49%	50-74%	75-100%	Total
Question 1 – “What percentage of your Quality Improvement Plan is documented?”	0	0	9	9
			100%	

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	0	4	4	1



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

➤ Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
Question 5 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	0	9	9
			100%	
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	2	4	3	9
	22%	45%	33%	
Question 8 – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	3	4	2	9
	33%	45%	22%	
Question 9 – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	4	3	2	9
	45%	33%	22%	



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

➤ Section IV: Observations

Implementation Challenge(s)

- “SF-36v2 Patient Assessment Scoring and lower than expected patient volume.” *Kimball Medical Center & Monmouth Medical Center*
- “...patients who are resistant to treatment and the wait times associated with available treatment options for our DSRIP patient population, especially services available on the weekend.” *South Jersey Health System Vineland & Elmer and Underwood Memorial Hospital- Woodbury*

Suggestions to overcome barrier(s)

- “We have implemented PDSA cycles for both issues and are moving through the process to overcome these challenges.” *Kimball Medical Center & Monmouth Medical Center*
- “...able to overcome some issues related to resistance to treatment by using motivational interviewing and implementing additional follow up phone calls for patients discharged on the weekend. We would like some feedback from the collaborative about how other hospitals are overcoming the limited availability to inpatient treatment beds.” *South Jersey Health System Vineland & Elmer and Underwood Memorial Hospital- Woodbury*



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

➤ Section IV: Observations

Notable Success

- “Our team assessed that the addition of a nurse care management navigator and LCADC/CADC to this program helped manage the transition of care needs and the care coordination of the patients identified after discharge in the in-patient units.” *Capital Health System- Fuld*
- “The six month review demonstrated decreased LOS for patients with alcohol withdrawal and decreased ICU transfers for this group.” *Trinitas- Elizabeth General*

Lesson(s) Learned/Best practice(s)

- “The RMC DSRIP program is staffed with bilingual English/Spanish Health Educators and LCADC, CADC and Patient Navigators; Patient navigators assist patients with treatment initiation by providing transport to/from initial, intake appointment” *Capital Health System- Fuld*
- “AUDIT screen has identified potential SUD patients, but additional case finding methods are needed to capture patients with other drug dependencies. Case reports of patients who've engaged in treatment are very positive.” *Trinitas- Elizabeth General*





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FEBRUARY 12, 2015 PRESENTERS

Bergen Regional Medical Center

South Jersey Health System- Elmer

- ❖ 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

