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# NJ DSRIP

## Learning Collaborative

New Jersey Department of Health (NJDOH)

May 14, 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

April 9, 2015 Meeting:

- DY4 Annual DSRIP Application Renewal
- DY3 Q4 Progress Report
- Standard Reporting Workbook; Annual measure reporting
- March LC survey result review
- Industry guest speaker presentations



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## NJ DSRIP Program Updates

- NJ DSRIP hospitals submitted their deliverables by April 30, 2015
  - ✓ DY4 DSRIP Re-Application
    - ❖ 49 of the current 50 hospitals will continue to participate in DSRIP for DY4
  - ✓ DY3 Q4 Progress Report
  - ✓ April 2015 Annual Standard Reporting Workbook
    - ❖ 49 of the current 50 hospitals will continue to report performance measures
- Majority of the initial reviews have been sent to the hospitals, those requiring secondary review are in the process of re-review
- All DY3 Q3 Progress Report submissions have been approved by CMS





## NJ DSRIP Program Updates

- Referencing the notification made to the Industry last week- moving forward, the Department and CMS has approved the permanent removal of the following Stage IV performance measures:

DSRIP #	Measure Name	NJ Data Source	Reporting Period
44	Gap in HIV Visits	MMIS	Annual: April
53	Inpatient Utilization – General Hospital/ Acute Care	MMIS	Annual: April
54	Intensive Care Unit Venous Thromboembolism Prophylaxis	Chart/ EHR	1 <sup>st</sup> SA = April 2nd SA = October
56	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Chart/ EHR	Annual: April
72	Pneumococcal Immunization (PPV 23)	Chart/ EHR	Annual: April
75	Preventive Care and Screening: High Blood Pressure	Chart/ EHR	Annual: April
77	Prophylactic Antibiotic Selection for Surgical Patients – Overall Rate	Chart/ EHR	Annual: April
78	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time – Overall Rate	Chart/ EHR	Annual: April
82	Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	Chart/ EHR	Annual: April
84	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/ Platelet Count Monitoring by Protocol or Nomogram	Chart/ EHR	1 <sup>st</sup> SA = April 2nd SA = October
85	Venous Thromboembolism Prophylaxis	Chart/ EHR	1 <sup>st</sup> SA = April 2nd SA = October
86	Venous Thromboembolism Warfarin Therapy Discharge Instructions	Chart/ EHR	1 <sup>st</sup> SA = April 2nd SA = October



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## NJ DSRIP Website Portal

- ✓ The next phase of the NJ DSRIP website portal enhancements is the Performance Measures “Acknowledgement Page.”
- ✓ Further instructions for use will be communicated before the site “goes live”.

The purpose of this screen/ page selection is:

- To present calculated results from the hospitals data;
- To give the hospitals an opportunity to acknowledge the data;
- To give the hospitals an opportunity to download a table of the results.





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# Initial MMIS Measurement Results Selection

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 NJ Home | Services A to Z | Departments/Agencies | FAQs

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Logout

DOH Home	DSRIP Home	DSRIP Hospitals	Learning Collaborative	Resources	DSRIP Program Management	Contact Us
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User: Jane Franklin  
 Provider: General Hospital

<b>Performance Measurement</b>	<b>MMIS Measure Acknowledgement</b>
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**Performance Measurement**  
**MMIS Measurement Results Selection**

Hospital:

Performance Period:

Results to be viewed:

Drop Down list will include:  
- 2013

Drop Down list will include:  
- Both  
- Stage 3 Data 2013 (MMIS)  
- Stage 4 Data 2013 (MMIS)





# MMIS Measurement Results Available for Download

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The information identified below represents 2013 Stage 3 and Stage 4 MMIS calculated measure results. These results have been provided for your review. To download the tables please select the "Download Chart" button located above each individual table. Before leaving this page, please ensure you have provided acknowledgement of the results by selecting the "Submit Acknowledgement" button located on the bottom right of this page.

**Stage 3 2013 Data (MMIS)** Download Chart

**Project Name:** Extensive Patient CHF-Focused Multi-Therapeutic Model

DSRIP #	Project Code	Measure Name	Stratification	Performance Period	Num	Denom	Results	Type
17	1.1	CAC-1 Relievers for Inpatient Asthma		2013				P4R
14	31	Asthma In Younger Adults Admission		2013				P4R
14	31	Asthma In Younger Adults Admission	Age 3-11	2013				P4R
14	31	Asthma In Younger Adults Admission	Age 12-17	2013				P4R
14	31	Asthma In Younger Adults Admission	Total (Age 3-17)	2013				P4R
83	1.3	Use of Appropriate Medications for People with Asthma		2013				P4P

**Stage 4 2013 Data (MMIS)** Download Chart

DSRIP #	Universal Code	Measure Name	Stratification	Performance Period	Num	Denom	Results
30	17	Comprehensive Diabetes Care: LDL-C Control <100mg/dL*					
72	3	Pneumococcal Immunization [PPV 23]	Age 5-64				
72	3	Pneumococcal Immunization [PPV 23]	Age 65 and above				

We have reviewed our 2013 Stage 3 & Stage 4 MMIS calculated measure results.

Date Acknowledged	User Name
<input type="text"/>	<input type="text"/>

Results Tables are filtered to each provider's DRP.





# NJ DSRIP Program Updates

## Enhanced Reporting Partners

Criteria	Community-based Reporting Partner	Enhanced Reporting Partner
Is NOT a hospital-based clinic that bills under the hospital's provider identifier with specified revenue codes 510 – 519		
Is a Medicaid-enrolled clinic, facility or physician practice group that can/ will comply with reporting outpatient data		
Has/ will have a Data Use Agreement, or other formal data sharing arrangement in place by	October 2014	July 2015
Employment relationship or ownership with the hospital/ hospital system	May have an existing relationship	May Not have an existing relationship
Eligible for an incentive adjustment from 10% to 8% Gap Reduction	If patient volume $\geq$ 1000 NJ DSRIP Low Income	

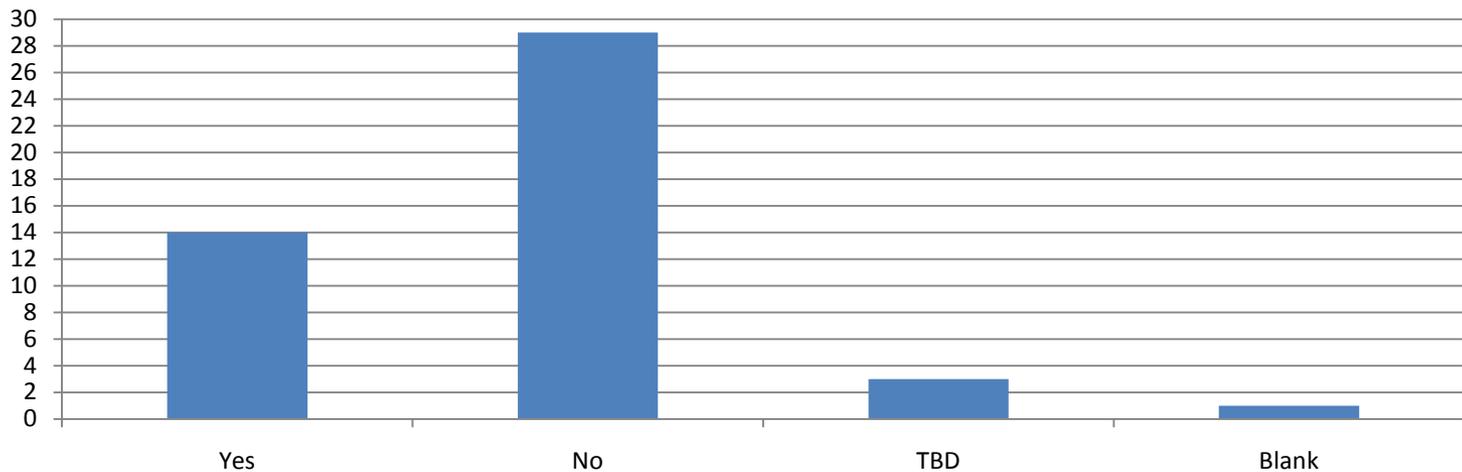
- Hospitals will be expected to submit information regarding selecting enhanced reporting entities **by July 1, 2015**
- Please refer to Webinar 6: Project Partners and Attribution and Webinar 9: Performance Measurement



## Survey Review: April 2015 Enhanced Reporting Partners

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

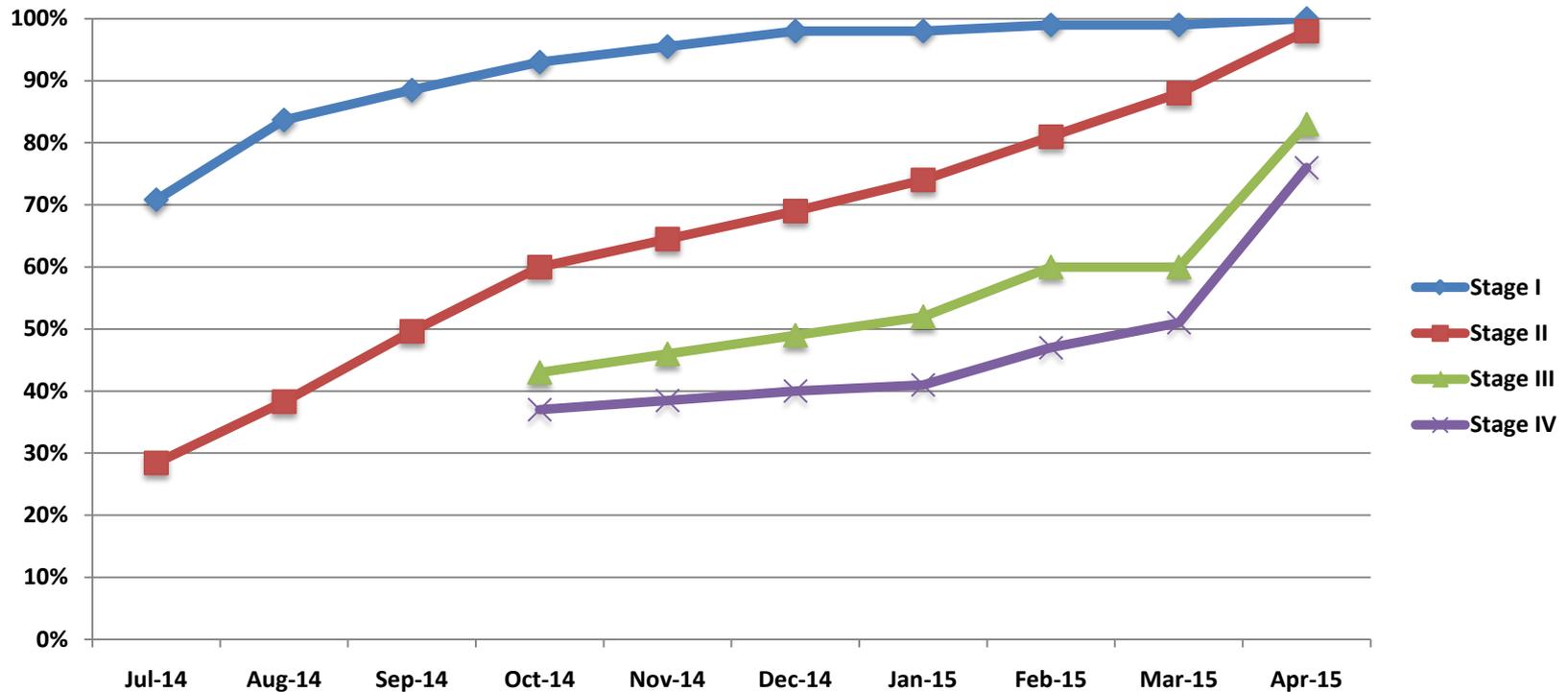
- Of the 43 hospitals that submitted a response, 32% are intending to add enhanced reporting partners to their program by July 1, 2015.
- This is not a requirement for continued participation in the NJ DSRIP program, but a desired enhancement for the program overall.





## Monthly Survey Review: LC Aggregate Over Time

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

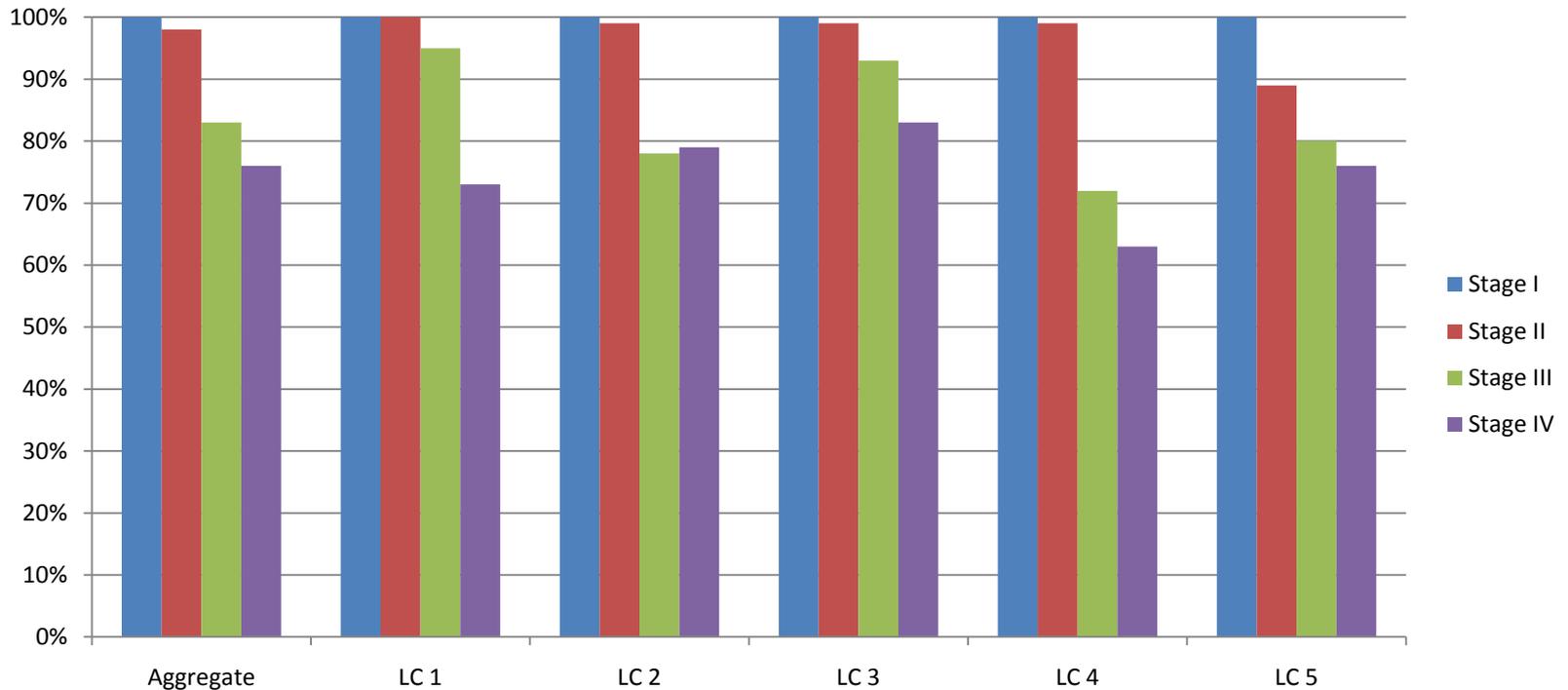


\*NR- 1 hospital



# Monthly Survey Review: April 2015 Comparison

## ➤ Section III: Project Implementation- *Tracking*



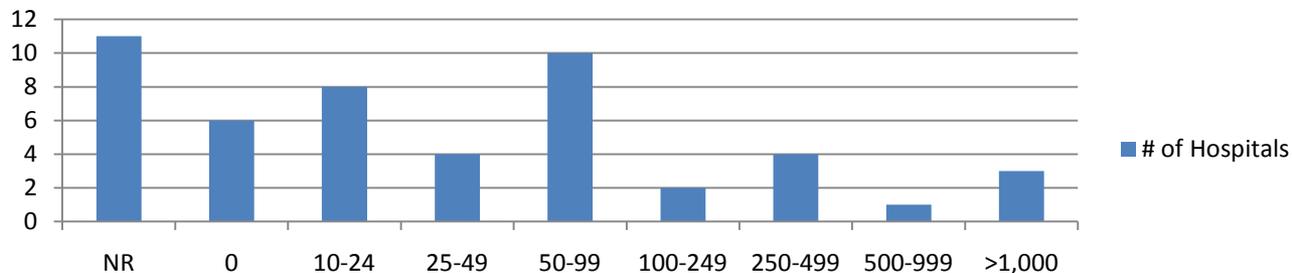
\*NR- 1 hospital



## Survey Review: April 2015 Program Enrollment

### ➤ Section IV: Project Implementation- *Observations*

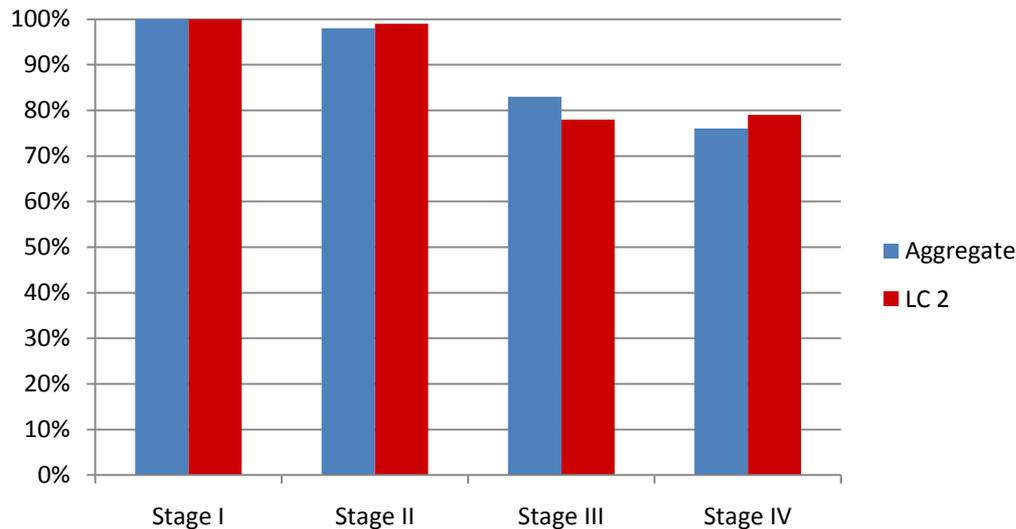
- This is a monthly snap-shot from the hospitals to their current attributed enrollment of Low Income population patients in their NJ DSRIP project program.
  - Enrollment was captured as a range along the X axis. Number of hospitals per range on the Y axis.
  - “NR” were from completed surveys where the hospital indicated it was not applicable at this time or the cell was left blank.
  - Zero was captured where a zero was entered into the survey.
- The intent will be to report the most recent 3 months of information at a time . March 2015 was the first time this information was requested on the LC survey.





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

- Section III: Project Implementation- Tracking



Please be sure to reflect the correct completion percentage on your surveys.





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

### ➤ Section IV: Observations

#### Implementation Challenge(s)

- “Assuring that the growth of the program infrastructure keeps pace with our growing clientele is challenging.” *Monmouth Medical Center*
- “We continue to work at improving our volume of self-assessments and shared decisions through data review and process modifications.” *Bergen Regional Medical Center*

#### Suggestions to Overcome Barrier(s)

- “We've adjusted staff hours and schedules as necessary and continue to expand the program to meet the needs of the clientele.” *Monmouth Medical Center*





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

### ➤ Section IV: Observations

#### Notable Success

- “The current maintenance of our project as it is in full implementation continues to be a huge success. As a hospital with more data on the project in full implementation, we continue to review our current process as well implement standard process review steps like case reviews.” *Inspira Medical Center- Vineland*
- “Patient satisfaction with CommonGround tool is very high (~85% satisfaction scores). Approval to hire 3.0 FTEs to our DSRIP staff.” *St. Clare’s Hospital- Denville*

#### Lesson(s) Learned/Best Practice(s)

- “...We do have fears that the enrollment number will be low as our program is focused on an inpatient setting and the initial review of our attributed patients shows them not making it to an inpatient status from the ED, thus not being eligible for our program. We are looking forward to reviewing this further in the next month.” *Inspira Medical Center- Elmer*
- “High patient Satisfaction scores (Above 95%) on all patient satisfaction measures.” *Monmouth Medical Center - Southern Campus*



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**TODAY'S LC 2 PRESENTERS ARE:**

**Capital Health Regional Medical Center**

**Inspira Medical Center- Woodbury**





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## June 11, 2015 is ON-SITE AT THE NJHA 2:00 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





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# Q & A



**New survey for May**

***Find it on the NJ DSRIP web site***

**<https://dsrip.nj.gov/LC/LC>**

