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# 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.





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## 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





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## 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](http://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
<b>Question 1</b> – “What percentage of your Quality Improvement Plan is documented?”	0	5	41	46
		<b>11%</b>	<b>89%</b>	*NR-4

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



## Monthly Survey Review: Aggregate

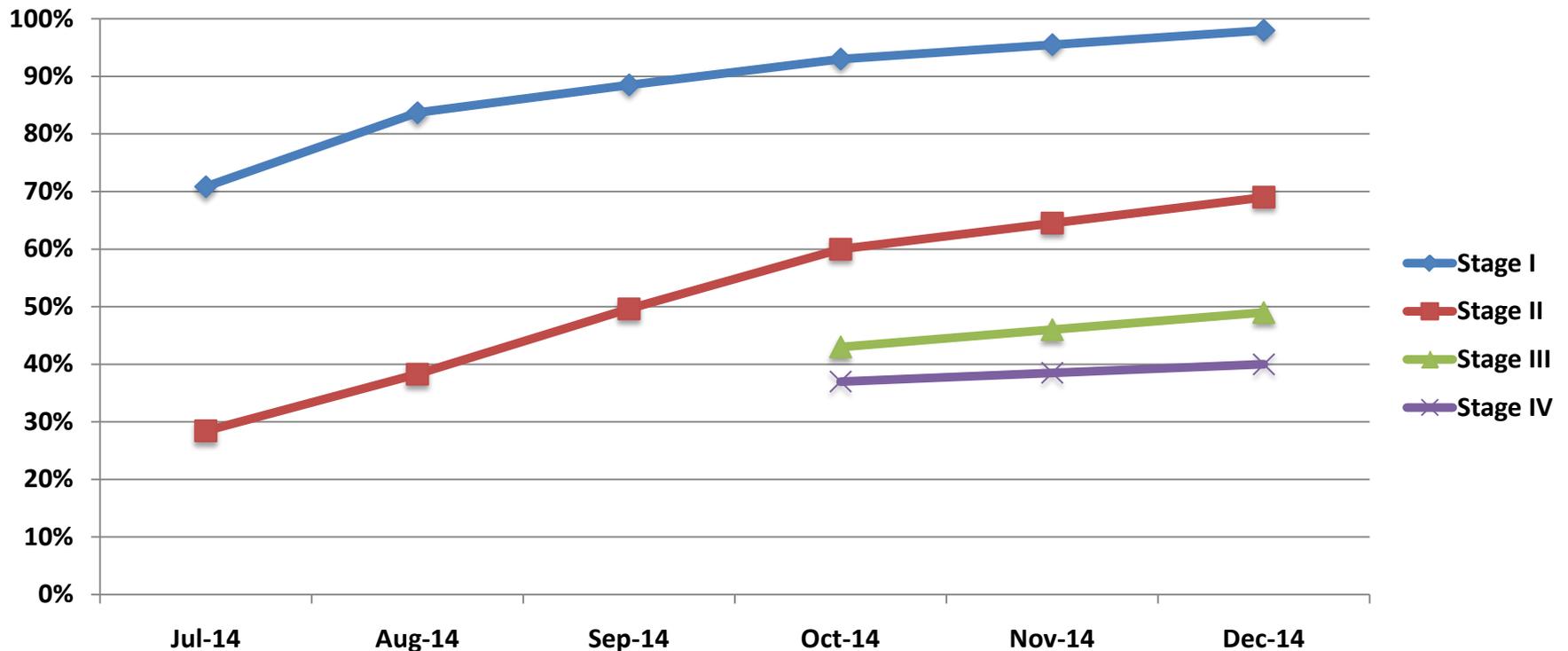
### ➤ Section II: Project Implementation- Support *continued*

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



## Monthly Survey Review: LC aggregate over time

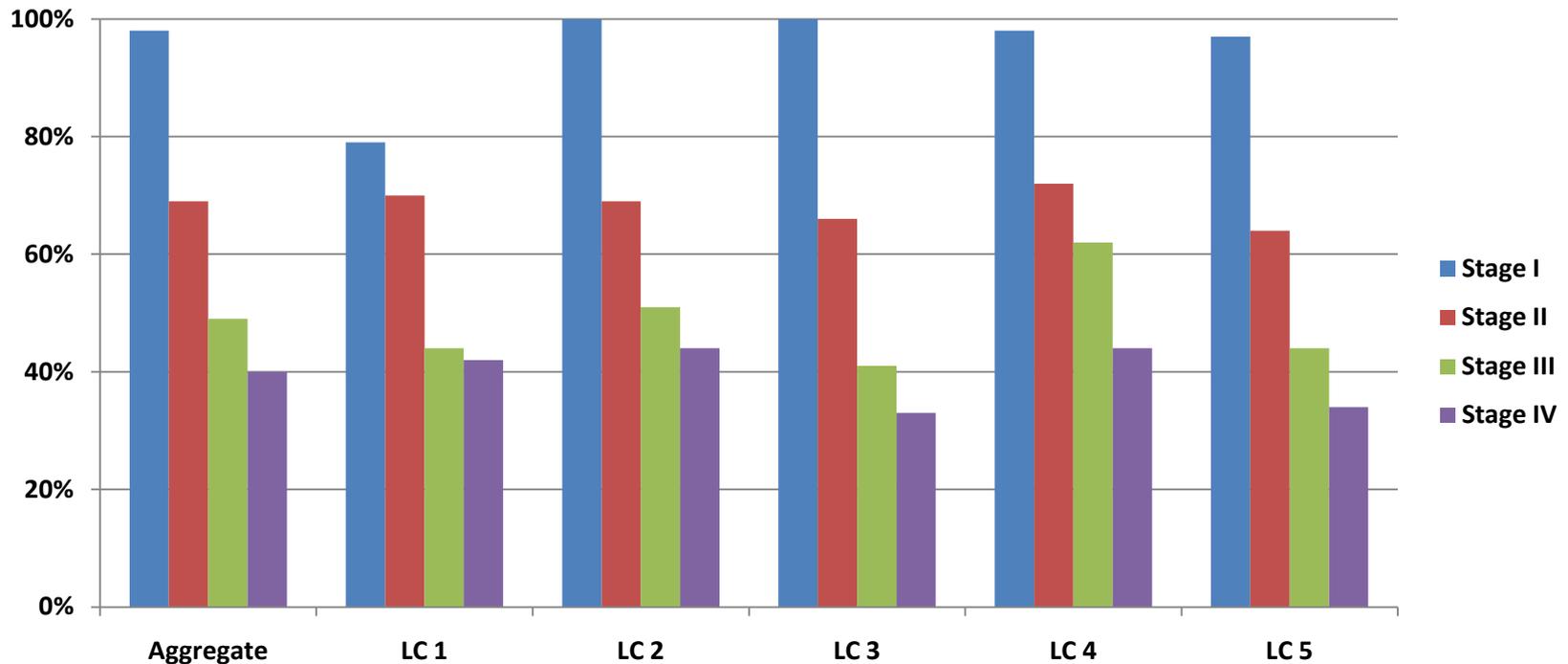
### ➤ Section II: Project Implementation- *Percentage of Stage Completion*





## Monthly Survey Review: December 2014 comparison

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





## LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- 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	8	8
			100%	*NR-3

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	0	0	7	1



## LC 3 Monthly Survey Review: *Care Transitions*

### *Intervention Model*

- Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
<b>Question 5</b> – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	0	8	8
			<b>100%</b>	*NR-3
<b>Question 6</b> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	1	3	4	8
	<b>13%</b>	<b>37%</b>	<b>50%</b>	*NR-3
<b>Question 8</b> – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	5	2	1	8
	<b>62%</b>	<b>25%</b>	<b>13%</b>	*NR-3
<b>Question 9</b> – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	6	1	1	8
	<b>74%</b>	<b>13%</b>	<b>13%</b>	*NR-3



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## LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- Section IV: Observations

### Implementation Challenge(s)

- “Continued very low volume of low income AMI/CHF patient population for Transitions program enrollment.” *Community Medical Center*
- “Selection of a vendor/FTE to collect data has been a challenge.” *Lourdes Medical Center of Burlington County & Our Lady of Lourdes Medical Center*

### Suggestions to overcome barrier(s)

- “We have not been successful in overcoming the very low volume; looked at volume of potential physician partners; selected providers with the highest volume to participate; Evaluating what other venues we have to increase the population.” Suggestions from the collaborative?  
*Community Medical Center*
- “Working with corporate leadership and hospital executives to collaborate with available resources of time and money for metric collection period- This is ongoing.” *Lourdes Medical Center of Burlington County & Our Lady of Lourdes Medical Center*





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## LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- Section IV: Observations

### Notable Success

- “With increased awareness of program, there has been a significant increase in patient referrals from Hospitalists and Residents for other patient populations and not just the low income group. Have been using a prescription App that provides medication coupons for patients.” *RWJ University Hospital*
- “We are beginning to see the increased collaboration of staff and outside agencies towards effective discharge planning with goal of preventing readmission.” *Palisades General Hospital*

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

- “There is an increased likelihood of enrollment in program while patients are still hospitalized. Harder to enroll if patient has already been discharged.” *RWJ University Hospital*
- “...need to stick to the "script" when doing call backs to "catch" potential issues before they become a problem. *Clara Maass Medical Center*





## LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- 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	1	9	10
		10%	90%	*NR-1

Survey Question	Plan	Do	Study	Act
Question 4 – “What stage of the PDSA cycle would you consider your project to be in?”	0	5	5	0



## LC 4 Monthly Survey Review: *Congestive Heart Failure* *Projects*

- Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
<b>Question 5</b> – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	0	10	10
			<b>100%</b>	*NR-1
<b>Question 6</b> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	1	1	8	10
	<b>10%</b>	<b>10%</b>	<b>80%</b>	*NR-1
<b>Question 8</b> – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”	2	2	6	10
	<b>20%</b>	<b>20%</b>	<b>60%</b>	*NR-1
<b>Question 9</b> – “What is the overall estimated completion percentage for your project’s Stage 4 activities?”	3	6	1	10
	<b>30%</b>	<b>60%</b>	<b>10%</b>	*NR-1



\*NR- Not Received by response date



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## LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- Section IV: Observations

### Implementation Challenge(s)

- “Patient compliance with home visits.” *Christ Hospital*
- “Filling vacancies.” *University Hospital*
- Lack of attribution list are the challenges faced at this time; Awaiting communication about Attribution list. *Meadowlands Hospital Medical Center, Morristown Memorial, Newton Memorial Hospital, Chilton Memorial Hospital, & Overlook Hospital*

### Suggestions to overcome barrier(s)

- “We have altered visit schedule to accommodate patients and have gone out of the county if needed.” *Christ Hospital*
- “We are working to overcome this barrier” of filling positions. Any suggestions from the collaborative? *University Hospital*





## LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- Section IV: Observations

### Notable Success

- “Three patients have completed the 10-class session and are graduating from the Lifestyle class.” *Newark Beth Israel Medical Center*
- “We have been getting positive patient satisfaction surveys.” *Hoboken Hospital Center*

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

- “The Medication Action Plan (MAP) has been a very helpful tool in helping patients to properly manage their medications.” *Newark Beth Israel Medical Center*
- Lessons learned include the importance of hardwiring a new process. Constant re-education is a crucial in the early stages.” *Hoboken Hospital Center*



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## FEBRUARY 12, 2015 PRESENTERS

**R.W. Johnson University Hospital**

**Lourdes Medical Center of Burlington  
County**

**Morristown Memorial Hospital**

- ❖ 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

