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
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
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
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:

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

Results Tables are filtered to each provider’s DRP.
**NJ DSRIP Program Updates**

**Enhanced Reporting Partners**

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

- 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.

*NR- 1 hospital*
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 3 Monthly Survey Review: Care Transitions Intervention Model

- Section III: Project Implementation- Tracking

Please be sure to reflect the correct completion percentage on your surveys.
Section IV: Observations

Implementation Challenge(s)

- "The reporting tool used to actively identify DSRIP patients in house with CHF required several iterations as it at first missed identifying patients and then over identified patients." Hackensack UMC
- "We continue to face challenges related to maintaining telephone contact with patients after hospital discharge. Challenges also remain in the area of appropriate in-hospital referrals." Our Lady of Lourdes Medical Center

Suggestions to Overcome Barrier(s)

- "Yes, the DSRIP team met with the IT department and utilized our EHR to show IT how they identify the patients manually. From there IT was able to appropriately build the report." Hackensack UMC
- "There have been some improvements in maintaining contact due to DSRIP coaches diligently confirming contact phone numbers given on admission. More success is noted when the coaches are able to initially meet the pt. while in the hospital. In-hospital referrals have improved slightly through the collaboration between the coach and nursing and case management." Our Lady of Lourdes Medical Center
LC 3 Monthly Survey Review: Care Transitions

Intervention Model

- Section IV: Observations

Notable Success
- “Popularity of the Smart hearts community high risk screening for women. We had offered initially with 2 people registered and have since offered 3 more times with a waiting list. This is a screening offered free to the community for early detection for cardiac risk and setting up resources as needed. Additional dates have been scheduled.” Clara Maass Medical Center
- “Individual patient success stories, Physicians calling to enroll their patients in DSRIP.” Englewood Hospital & Medical Center

Lesson(s) Learned/Best Practice(s)
- “Individualized medication reconciliation conducted with patient and prescription bottles yields valuable information and has averted significant medication errors.” Lourdes Medical Center Burlington County
- “Coordination of home visits with Home Health Agencies consulted to DSRIP patients optimizes the amount of follow-up a patient receives and reduces duplication of services when the Home Health Nurse and the APN visits a patient on the same day.” East Orange General Hospital
LC 4 Monthly Survey Review: Congestive Heart Failure Projects

- Section III: Project Implementation- Tracking

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

Prepared by Myers and Stauffer LC
LC 4 Monthly Survey Review: Congestive Heart Failure Projects

• Section IV: Observations

Implementation Challenge(s)
• “Patient engagement is an ongoing challenge. While on the inpatient unit, a patient may be willing to say they will attend a Transitional Care Center appointment, but then not keep the appointment.” Newark Beth Israel Medical Center
• “As previously described, recruiting the right resources into the team has been challenging, but successful to date.” University Hospital

Suggestions to Overcome Barrier(s)
• “We have addressed this by developing other engagement options, such as expanded Lifestyle classes. We would, however, welcome any suggestions from the Learning Collaborative.” Newark Beth Israel Medical Center
LC 4 Monthly Survey Review: Congestive Heart Failure Projects

• Section IV: Observations

Notable Success

• “Patient satisfaction continues to remain high.” Hoboken University Medical Center, Christ Hospital, Bayonne Medical Center
• “The use of the DocView mobile application to monitor patients remotely.” Overlook Medical Center

Lesson(s) Learned/Best Practice(s)

• “We have learned that active, proactive communication from our team to our patients in anticipation of their concerns goes a long way to setting expectations and improving understanding of our plan for the patients' care.” University Hospital
• “Utilizing our retail pharmacy patients are able to get medications free of charge.” Bayonne Medical Center
TODAY’S LC 3 & 4 PRESENTERS ARE:

Overlook Hospital

Newton Memorial Hospital

Chilton Memorial Hospital
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
New survey for May

Find it on the NJ DSRIP web site

https://dsrip.nj.gov/LC/LC