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.
  - Databook update reminder: Semi-Annual reporting for DSRIP #6, 13 & 66 start in April 2015, not October 2014.
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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<tbody>
<tr>
<td><strong>Question 1</strong> – “What percentage of your Quality Improvement Plan is documented?”</td>
<td>0</td>
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<td>43</td>
<td>49</td>
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<td></td>
<td>12%</td>
<td>88%</td>
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<th>Survey Question</th>
<th>Plan</th>
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<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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</table>

*NR- Not Received by response date
### Monthly Survey Review: Aggregate

#### Section II: Project Implementation- Support  
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<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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<td><strong>Question 8</strong> – “What is the overall estimated completion percentage for your project’s Stage 3 activities?”</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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Monthly Survey Review: LC aggregate over time

Section II: Project Implementation - Percentage of Stage Completion
Monthly Survey Review: January 2015 comparison

Section II: Project Implementation - Percentage of Stage Completion

1 Not Received by response date
LC 5 Monthly Survey Review: Diabetes & Obesity

- Section II: Project Implementation- Support

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## LC 5 Monthly Survey Review: Diabetes & Obesity

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Prepared by Myers and Stauffer LC

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LC 5 Monthly Survey Review: Diabetes & Obesity

• Section IV: Observations

Implementation Challenge(s)
• “Telephonic patient outreach due to incorrect demographic information, cancelled physician visits and lack of attribution list.” Kennedy University Hospital
• “We started our pilot program in Nov. 2014. We have started seeing patients. We have repeatedly reached out to organizations and practices fitting the criteria established by DSRIP for community based and enhanced reporting partners. Some have not responded. Others have not supplied required information (i.e.: NPI number, Tax ID number, and Medicaid number). We will continue to work on this as part of this initiative.” Hackensack UMC Mountainside Hospital

Suggestions to overcome barrier(s)
• “KUH has placed Social Worker in the ED and Care Coordinator in Family Health Services in order to capture eligible patients upon arrival.” Kennedy University Hospital
• “We would appreciate suggestions from the collaborative on how to overcome the barrier with having difficulty collaborating effectively with community partners.” Hackensack UMC Mountainside Hospital
LC 5 Monthly Survey Review: Diabetes & Obesity

• Section IV: Observations

Notable Success
• “We have achieved and exceeded the target patient enrollment of 32 patients and has consistently increased our patient load to 202 patients.” St. Peter’s Medical Center
• “Education of NJ HITECH data abstraction tool has been started, team members have been identified to assist with this task.” Cape Regional Medical Center
• “The group visit staff have developed a more collaborative approach - specifically in relation to the change to a single navigator for the patient, which has also led to a improvement in the group visit patient flow. The team has developed a plan for further fast tracking of the group visit to improve efficiency.” Cooper University Medical Center

Lesson(s) Learned/Best practice(s)
• “Health literacy education campaign for hospital as well as patient education tools and resources. Low literacy, bilingual patient satisfaction tool.” St. Michael’s Medical Center
• “Of 8 diabetic outcome indicators we have for the project, 4 have shown improvement in the past quarter. Our lesson learned stressed the need to retain patients in care to improve health outcomes.” Atlanticare Regional Medical Center
TODAY’S LC 5 PRESENTERS ARE:

Cape Regional Medical Center

University Medical Center

Princeton @ Plainsboro

Mountainside Hospital
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
- 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