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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 st SA = April 2 nd 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 st SA = April 2 nd SA = October
85	Venous Thromboembolism Prophylaxis	Chart/ EHR	1 st SA = April 2 nd SA = October
86	Venous Thromboembolism Warfarin Therapy Discharge Instructions	Chart/ EHR	1 st SA = April 2 nd 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

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

Performance Measurement

MMIS Measure Acknowledgement

Performance Measurement

MMIS Measurement Results Selection

Hospital	<input type="text" value="General Hospital"/>
Performance Period	<input type="text" value="▼"/>
Results to be viewed	<input type="text" value="▼"/>

Drop Down list will include:
 - 2013

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

Submit





MMIS Measurement Results Available for Download

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Logout

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	Submit Acknowledgement

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	

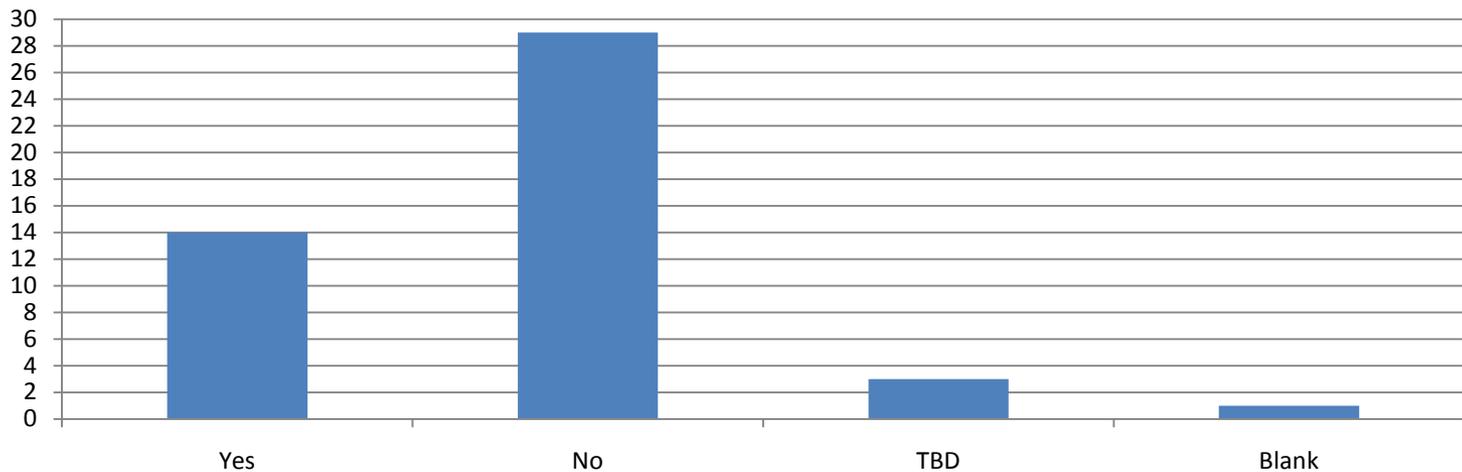
- Hospitals will be expected to submit information regarding selecting enhanced reporting entities **by July 1, 2015**
- Please refer to Webinar 6: Project Partners and Attribution and Webinar 9: Performance Measurement



Survey Review: April 2015 Enhanced Reporting Partners

➤ Section II: Project Implementation- *Support*

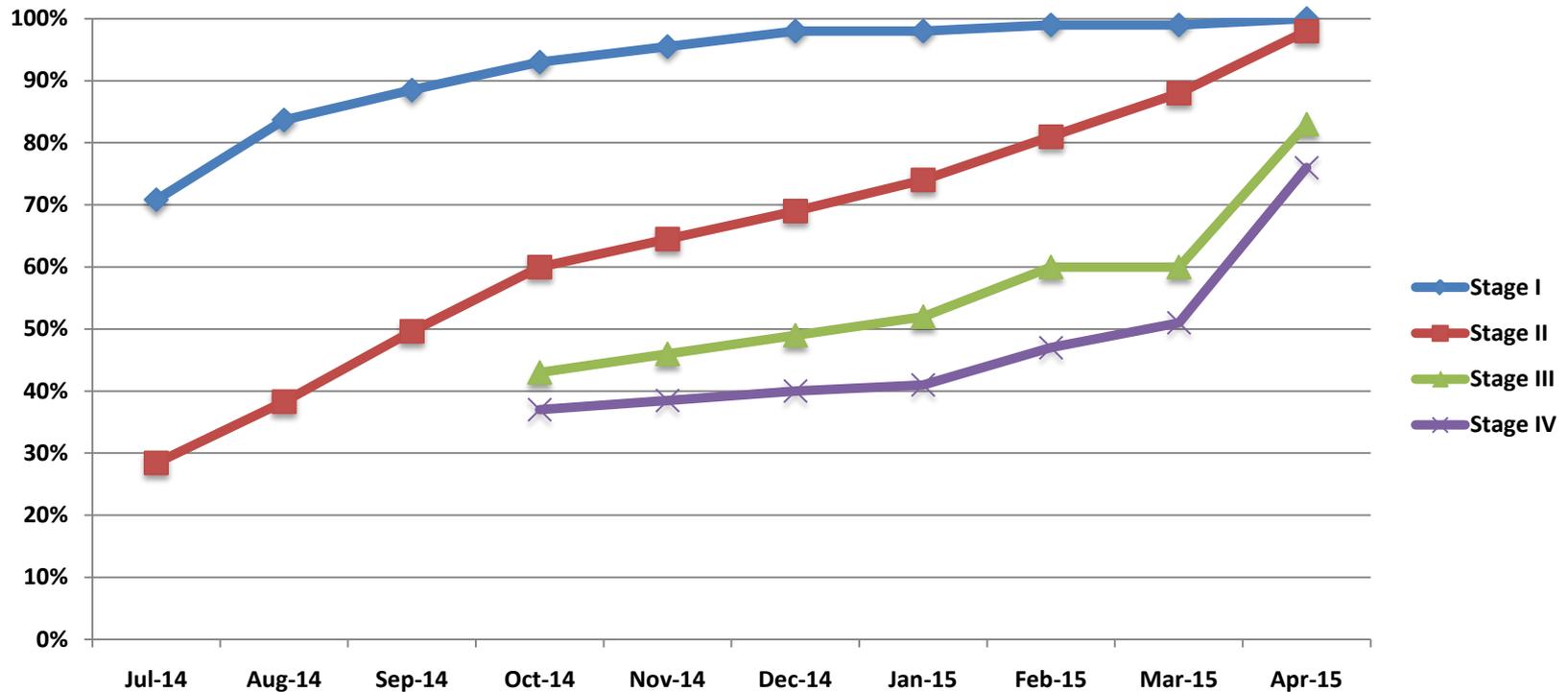
- Of the 43 hospitals that submitted a response, 32% are intending to add enhanced reporting partners to their program by July 1, 2015.
- This is not a requirement for continued participation in the NJ DSRIP program, but a desired enhancement for the program overall.





Monthly Survey Review: LC Aggregate Over Time

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

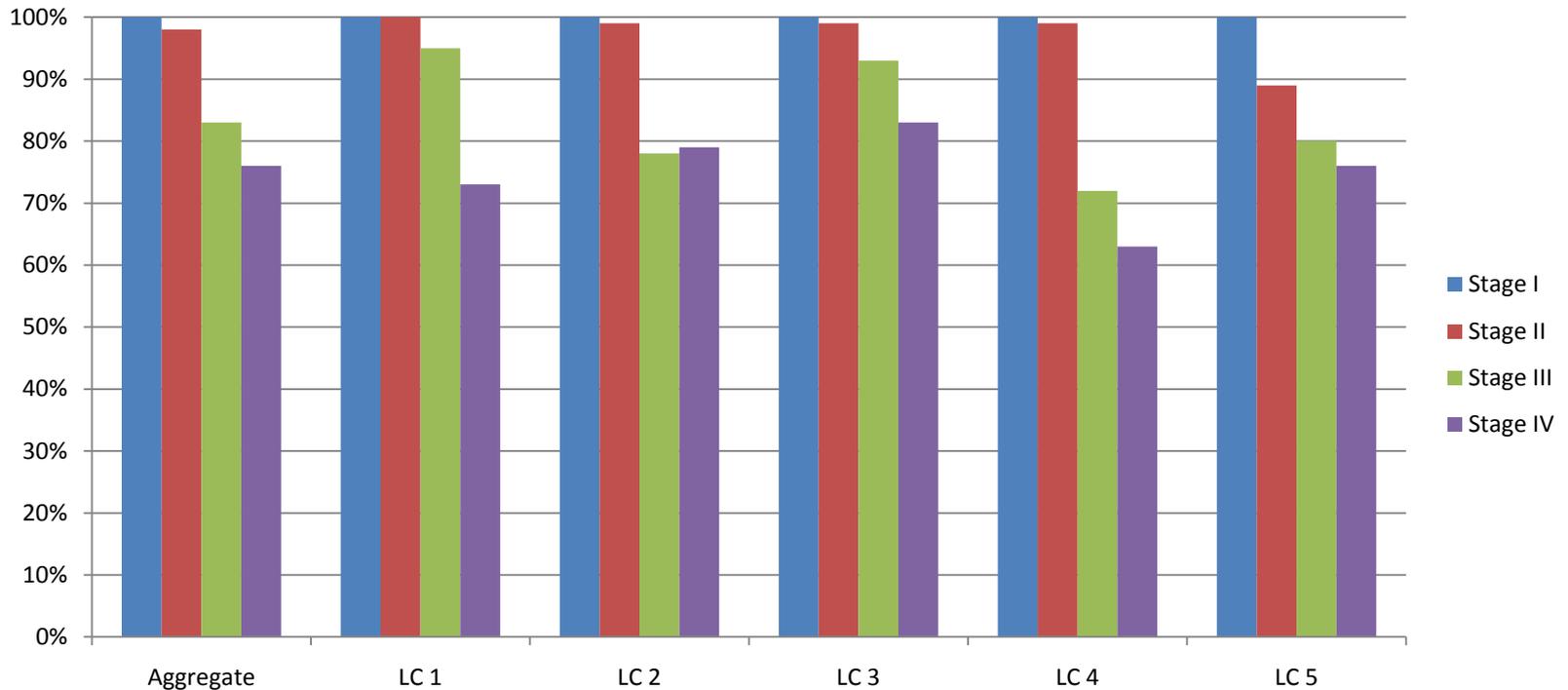


*NR- 1 hospital



Monthly Survey Review: April 2015 Comparison

➤ Section III: Project Implementation- *Tracking*

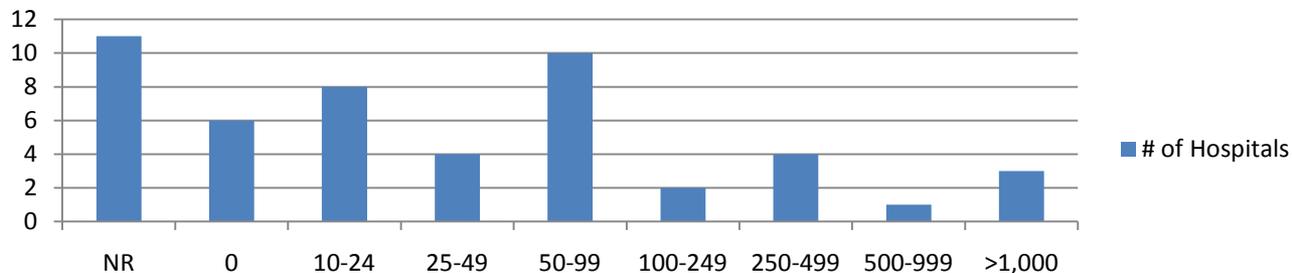




Survey Review: April 2015 Program Enrollment

➤ Section IV: Project Implementation- *Observations*

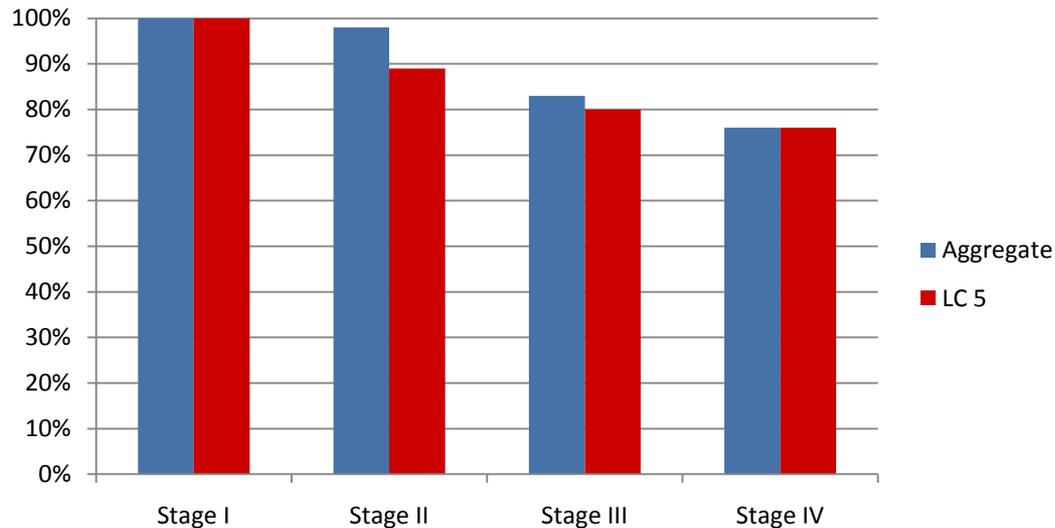
- This is a monthly snap-shot from the hospitals to their current attributed enrollment of Low Income population patients in their NJ DSRIP project program.
 - Enrollment was captured as a range along the X axis. Number of hospitals per range on the Y axis.
 - “NR” were from completed surveys where the 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 5 Monthly Survey Review: Diabetes & Obesity

- Section III: Project Implementation- Tracking



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





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LC 5 Monthly Survey Review: Diabetes & Obesity

- Section IV: Observations

Implementation Challenge(s)

- “It is a challenge for us to expand the program easily and as rapidly as we would like.” *St. Michael’s Medical Center*

Suggestions to Overcome Barrier(s)

- “We have redesigned the patient navigation process. We have increased collaboration with the internal medicine residents and dental residents in our hospital. We have obtained private space in a community food pantry for weekly BP and BG screenings...There will be additional space at the hospital available to see patients in mid April 2015, this will increase the office size. Seeing patients at our hospital has lessened the transportation issues our patients were encountering this has decreased no shows for follow-up appointments.” *Hackensack UMC Mountainside Hospital*
- “Visual cues are now presented to appropriate clinical staff for reminder of second signature needed for labs/medication order- improves patient flow at check-out...Standardized process developed for follow-up phone calls of “no-show” patients to understand reason for not attending and attempt rescheduling.” *Cooper University Medical Center*



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LC 5 Monthly Survey Review: Diabetes & Obesity

- Section IV: Observations

Notable Success

- “We have increased the number of enrolled patients since we increased collaboration with the IM residents.” *Hackensack UMC Mountainside Hospital*
- “Our project has encountered many notable successes including success in enrollment and retention of the patients as well as high performance on Stage III indicators.” *Atlanticare Regional Medical Center*
- “We've had an overwhelming response to our support groups and have family members requesting to volunteer with us because they've seen the benefits and impact the classes have had on their family member.” *St. Peter's Medical Center*
- “As mentioned, notable increase in enrollment of patients to classes is seen. We are also making reminder calls to patients to have better attendance and decrease no shows. Different time slots (evening) and possible weekend classes are being planned.” *Virtua- West Jersey Health System*





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LC 5 Monthly Survey Review: Diabetes & Obesity

- Section IV: Observations

Lesson(s) Learned/Best Practice(s)

- “Have seen an increase in access to specialty Endocrine care through the Group Visit process. The delay during check out process at the group visit can be improved by making sure all second signatures for labs/meds are obtained prior to visit wrap up and having after visit summaries (AVS) printed prior to patients leaving the group visit room.” *Cooper University Medical Center*
- “Continuous organization-wide communications and outreach in the community to boost patient interest and involvement.” *Virtua- West Jersey Health System*
- “Allow data to drive process. Don't work in silos. Bring the experts to the table for their input prior to implementing change.” *Kennedy University Hospital*
- “RCT was done in increasing efficiency on medication distribution. We are looking into the cost of point of care testing to obtain lipid levels.” *University Medical Center at Princeton*



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TODAY'S LC 5 PRESENTERS ARE:

Capital Health Medical Center Hopewell

Virtua- West Jersey Health System

St. Luke's Warren Hospital





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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>

