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
**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:

<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>
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

Performance Measurement
MMIS Measurement Results Selection

<table>
<thead>
<tr>
<th>Hospital</th>
<th>General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Period</td>
<td></td>
</tr>
<tr>
<td>Results to be viewed</td>
<td></td>
</tr>
</tbody>
</table>

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

Prepared by Myers and Stauffer LC
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 snapshot 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.
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
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
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
TODAY’S LC 5 PRESENTERS ARE:

Capital Health Medical Center Hopewell

Virtua- West Jersey Health System

St. Luke’s Warren 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
Q & A

Important

New survey for May

*Find it on the NJ DSRIP web site*

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