Welcome to the New Jersey DSRIP Learning Collaborative

September 11, 2014
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)
WELCOME

Please hold all questions until the end of the presentations. Thank you.
Objectives

✓ Review DSRIP Program Updates
✓ Review DY3 Q1 Progress Report Findings
✓ Look Forward to DY3 Q2 Progress Report Changes
✓ Review August Learning Collaborative Response Statistics
✓ Discuss Key Topic: Patient Engagement: Food for Thought
✓ Hold break-out sessions by project area/ LC
  • Discuss the LC engagement strategies
  • Continue peer-to-peer networking support
DSRIP Program Updates

✓ Payment Guidance Document and DY 3 Payment Schedule updated on http://dsrip.nj.gov/Home/Payment

✓ Training Sessions over Webinar 6: Project Partners and Attribution – Complete

✓ Next Steps
  ➢ Each hospital will receive a project partner profile spreadsheet – September 19th
  ➢ Hospitals meet with prospective reporting partner(s) – September 26th
    • This includes meeting with legal counsel to discuss reporting requirements.
  ➢ Hospitals submit an updated reporting partner list – September 29th
    • This must indicate the data use agreement commencement date(s).
Quarterly Progress Reports - Overview

• **DY3 Q1**
  - First progress report where minimum submission requirements had to be submitted for completed activities
  - All reports were submitted timely.
  - The majority of the reports have been submitted to CMS for review; State continues to work on the remaining reports.
  - You will receive a confirmation email that your report was submitted to CMS.
Quarterly Progress Reports - Findings

• **DY3 Q1**
  - Quarterly activities: Stage I – Activities 13, 14, 15 were sometimes completed incorrectly
    - Each of these activities will be reported on a quarterly basis for the entire demonstration.
    - Activity is either completed or not completed for the quarter.
    - For the progress report, you will be stating the work you performed on the activity the previous quarter.
      - DY3 Q1 – time period of April – June 30, 2014
      - DY3 Q2 – time period of July – September 30, 2014
    - Minimum submission requirements must be submitted for each quarter:
    - Activity (i.e. Project Staff Evaluation/Assessment) is to be performed/completed during the quarter and cannot be made up in future quarters.
Quarterly Progress Reports - Findings

- **DY3 Q1**
  - Missing documentation –
    - Please ensure when submitting minimum submission documentation that you have included all the data elements required as listed in the Toolkit or which can be found on the progress report.

<table>
<thead>
<tr>
<th>STAGE, ACTIVITY, ACTION/MILESTONE</th>
<th>Status</th>
<th>Percent (%) Complete</th>
<th>DY3Q1 Projected Target Deadline</th>
<th>Minimum Submission Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action/Milestone 5 -- Establish social support and referral processes.</td>
<td></td>
<td></td>
<td></td>
<td>Social support and referral processes plan completed.</td>
</tr>
<tr>
<td>Action/Milestone 6 -- Develop patient self care skills plan.</td>
<td></td>
<td></td>
<td>Patient self care skills plan completed.</td>
<td></td>
</tr>
<tr>
<td>Action/Milestone 7 -- Determine telemedicine program.</td>
<td></td>
<td></td>
<td>Telemedicine program plan completed.</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by Myers and Stauffer LC
Quarterly Progress Reports - Findings

- **DY3 Q1**
  - Incorrect Activity Status Entry
    - **Not Started** – This status should be used only when no work has been performed on an activity. Percent Complete should be 0%.
    - **Revised Timeline** – This status should be used for an activity that is not completed and not considered to be on track. Percent complete must be less than 100%.
      - Example: You stated on your DY3 Q1 progress report that you would have an activity completed in September 2014, but this has been delayed until October 2014.

<table>
<thead>
<tr>
<th>STAGE, ACTIVITY, ACTION/MILESTONE</th>
<th>Original Targeted Deadline</th>
<th>DY2 Projected Target Deadline</th>
<th>DY3Q1 Projected Target Deadline</th>
<th>Funding Year (D)</th>
<th>Status</th>
<th>Percent (%) Complete</th>
<th>DY3Q2 Projected Target Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAGE 1 ACTIVITIES – COMPLETE NO LATER THAN DECEMBER 31, 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 1 - Develop methodology to identify pilot population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action/Milestone 1: Select all applicable population criteria (e.g., setting, age, diagnosis, gender, payer status, total count data sources) and develop algorithms to determine pilot population.</td>
<td>Apr-2014</td>
<td>Sep-2014</td>
<td>Oct-2014</td>
<td>DY3</td>
<td>Revised Timeline</td>
<td>31-70%</td>
<td>Dec-2014</td>
</tr>
</tbody>
</table>
Quarterly Progress Reports - Findings

• **DY3 Q1**
  
  o Activity Status Entry *continued*
    
    ▪ **Not Applicable** – Use this status when an activity was not selected by your hospital on the application.
    
    ▪ **Completed** – For an activity to be complete the following must be met:
      
      ➢ Percent (%) Complete must be 100%
      
      ➢ Must have been completed before the first date of the current progress report.

  Example: For the DY3 Q2 October progress report, to be considered a completed activity, an activity must have been completed between December 2013 and September 30, 2014 of that time period.

  **Reminder:** Stage I Infrastructure should be completed by December 2014. If you do not feel your facility will be able to meet this deadline please contact the NJ DSRIP team at NJDSRIP@mslc.com to discuss.
Quarterly Progress Reports - Findings

- **DY3 Q1**
  - Activity Status Entry *continued*
    - **On Track** – Status should be used when the status is unchanged from the previous reporting period. Percent Complete cannot be 100%.

```
<table>
<thead>
<tr>
<th>STAGE, ACTIVITY, ACTION/MILESTONE</th>
<th>STAGE 1 ACTIVITIES – COMPLETE NO LATER THAN DECEMBER 31, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 1:</strong> Develop methodology to identify pilot population.</td>
<td></td>
</tr>
<tr>
<td>Action/Milestone 1: Select all applicable population criteria (e.g., setting, age, diagnosis, gender, payer status, total count, data sources) and develop algorithms to determine pilot population.</td>
<td></td>
</tr>
<tr>
<td>Original Projected Target Deadline</td>
<td>Funding Year (DV)</td>
</tr>
</tbody>
</table>
```
Quarterly Progress Reports

• **DY3 Q2**
  - Hospitals will receive progress reports October 1\textsuperscript{st} with due date on close of business on October 31\textsuperscript{st}.
  
  - Will include three new Stage II required quarterly activities
    1. **Activity 4** – Ongoing monitoring of program outcomes.
       Trend report developed and implemented
       - Number of data points being monitoring
       - Trending monitored
       - Frequency of monitoring

    2. **Activity 5** – Provide feedback to hospital administrators and participating providers. Communication on project achievement to hospital administrators and participating providers completed
       - Documentation, such as meeting minutes, attendees, and supporting correspondence providing feedback with hospital administrators and participating providers
Quarterly Progress Reports

- **DY3 Q2**

  - New Stage II **required** quarterly activities *continued*

  3. Activity 6 – Provide feedback to the learning collaborative.
  - Number of monthly phone calls attended
  - Number of attended quarterly webinars
    - Documentation supporting participation with the New Jersey Learning Collaborative such as copies of correspondence and meeting attendance/attendees
    - Summary of Learning Collaborative engagement and results

  - **NOTE:** Learning collaborative participation cannot be counted for both Activity 6 AND Activity 14 – Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures.
Quarterly Progress Reports

- **DY3 Q2- Updates**
  - Report will include:
    - 2 tabs – Tab 1 to document work on activities and Tab 2 for narrative entries
    - All following narrative entries will be on Tab 2:
      1. Summary of Hospital Stakeholder Engagement and Activities
      2. Work Accomplished with External Partners
      3. Summary of Rapid-Cycle Evaluations that were used for Improvement and any project modifications.
    - Stage III and IV Reporting – describe a plan to collect data or submission of baseline data.
    - All activities entered on a previous report as “Completed” will be auto-populated. You may update this activity if there has been a change; if there is no change than you will not have to do anything further with this line.
Quarterly Progress Reports

- **DY3 Q2- Updates**
  - Report will include:
    - Budget reporting requirement – State is developing a budget guidance document and a budget reporting template for hospitals to use in future progress reports and if needed may provide calls and/or meetings with hospitals.
    - For the quarterly activities, the only available statuses on the progress report will be “Completed” or “Not Completed”.

  **Key Concept:** For a quarterly activity there is NOT an opportunity to make this activity completed at a future date. Therefore, INCOMPLETE= NO FUNDING for that quarter.
Quarterly Progress Reports

• **DY3 Q2**
  
  o What can I do now?
    ▪ Analysis of the DY3 Q1 progress reports has shown that there will be a great deal of activity performed and completed in the timeframe of July to September.
      ➢ Please consider collecting the minimum submission documentation as you complete an activity to ensure you will be able to submit a timely DY3 Q2 report.
  
  o What should I do if the progress report has given me an error I do not understand or cannot clear?
    ➢ Ensure you have saved your progress report as an Macro-Enabled Excel document version 2007 or later.
    ➢ Send an email to the [NJDSRIP@mslc.com](mailto:NJDSRIP@mslc.com) email address stating the issue and a team member will respond back to you to provide assistance.
## August Learning Collaborative Surveys

### All Hospitals - Targeted Review

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>0-49%</th>
<th>50-74%</th>
<th>75-100%</th>
<th>Total</th>
<th>NR*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 6</strong> – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”</td>
<td>5</td>
<td>2</td>
<td>40</td>
<td>47</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>11%</td>
<td>4%</td>
<td>85%</td>
<td></td>
<td>NR*- 4</td>
</tr>
<tr>
<td><strong>Question 7</strong> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”</td>
<td>27</td>
<td>11</td>
<td>9</td>
<td>47</td>
<td>NR*- 4</td>
</tr>
<tr>
<td></td>
<td>56%</td>
<td>23%</td>
<td>21%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NR- Not Received by response date
August Learning Collaborative Surveys
All Hospitals - Targeted Review

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Yes</th>
<th>No*</th>
<th>NR**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 9</strong> – Survey response mentioned that their hospital is tracking performance data in some manner</td>
<td>33</td>
<td>14</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>70%</td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Question 12</strong> – Survey response mentioned that their hospital project encountered notable success to date</td>
<td>38</td>
<td>9</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“NA” Not Applicable entries by the hospital were captured as a negative response
**NR- Not Received by response date
August Learning Collaborative Surveys

Question 6 – “What stage of the PDSA cycle would you consider your project to be in?”

<table>
<thead>
<tr>
<th>Cycle Stage</th>
<th>Number of Hospitals (51)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>25</td>
<td>48%</td>
</tr>
<tr>
<td>Do</td>
<td>14</td>
<td>28%</td>
</tr>
<tr>
<td>Study</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Act</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Not Received</td>
<td>4</td>
<td>8%</td>
</tr>
</tbody>
</table>
PDSA PROCESS IMPROVEMENT

Remember, Leadership needs to be a significant part of the quality improvement process

As stated by Phillip B. Crosby, “Quality is the result of a carefully constructed culture; it has to be the fabric of the organization – not part of the fabric, but the actual fabric. It is not hard for a modern management team to produce quality if they are willing to learn how to change and implement.” (Crosby, 1979)

See hand-out for generic PDSA Cycle template

---

**Act**
- What changes are be made?
- Next cycle?

**Plan**
- Objective
- Questions and predictions (why)
- Plan to carry out the cycle (who, what, where, when)

**Study**
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data
ON-SITE DECEMBER PRESENTATION:

DSRIP Population Health Based Project  Diabetes & Hypertension

• This population health based project will assist patients in receiving the assessment, treatment, education, and follow-up to effectively manage their diabetes and hypertension.

• The Medical home offers a framework for underserved patients with diabetes and hypertension to have a more seamless approach in the continuum of care.

• The Medical home is a cultivated partnership between the patient, family, and primary care provider in cooperation with specialists and support from the community.

• The patient/family is the focal point of this model, and the medical home is built around this focal point.

• The guidelines stress that care under the medical home model must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.
Speaker:
Myers and Stauffer LC
Jennifer Dressler, BSN, CPHQ

Topic:
Patient Engagement: Food for Thought