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.
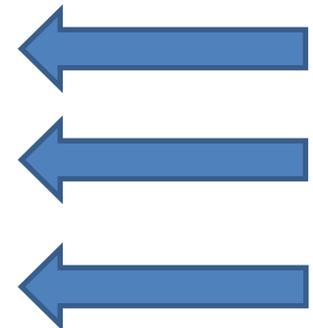
Quarterly Progress Reports - Findings

- ## 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.

STAGE, ACTIVITY, ACTION/MILESTONE	Status	Percent (%) Complete	DY3Q1 Projected Target Deadline	Minimum Submission Requirements
Action/Milestone 5 -- Establish social support and referral processes.				Social support and referral processes plan completed • Documentation of social support and referral processes developed for project
Action/Milestone 6 -- Develop patient self care skills plan.				Patient self care skills plan completed. • Submit patient care skills plan
Action/Milestone 7 -- Determine telemedicine program.				Telemedicine program plan completed • Provide documentation that equipment has been ordered and installed, testing of the equipment performed and staff training completed

Quarterly Progress Reports - Findings

- ## DY3 Q1

  - o 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.

STAGE, ACTIVITY, ACTION/MILESTONE	Original Targeted Deadline	DY2 Projected Target Deadline	DY3Q1 Projected Target Deadline	Funding Year (DY)	Status	Percent (%) Complete	DY3Q2 Projected Target Deadline
							STAGE I. INFRASTRUCTURE DEVELOPMENT
STAGE 1 ACTIVITIES – COMPLETE NO LATER THAN DECEMBER 31, 2014							
Activity 1 - Develop methodology to identify pilot population.					Required		
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.	Apr-2014	Sep-2014	Oct-2014	DY3	Revised Timeline	51-75%	Dec-2014

Quarterly Progress Reports - Findings

- ## DY3 Q1
  - 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 <u>between December 2013 and September 30, 2014 of that time period</u>.

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
  - o 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%.

STAGE, ACTIVITY, ACTION/MILESTONE	Original Targeted Deadline	DY2 Projected Target Deadline	DY3Q1 Projected Target Deadline	Funding Year (DY)	Status	Percent (%) Complete	DY3Q2 Projected Target Deadline
							STAGE I. INFRASTRUCTURE DEVELOPMENT
STAGE 1 ACTIVITIES – COMPLETE NO LATER THAN DECEMBER 31, 2014							
Activity 1 - Develop methodology to identify pilot population.					Required		
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.	Nov-2014	Oct-2014	Oct-2014	DY3	On Track	51-75%	Oct-2014

Quarterly Progress Reports

- ## DY3 Q2

  o Hospitals will receive progress reports October 1st with due date on close of business on October 31st.

  o 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
  - o 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 <u>quarterly</u> 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 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

Survey Question	0-49%	50-74%	75-100%	Total
Question 6 – "What is the overall estimated completion percentage for your project's Stage 1 activities?"	5	2	40	47
	11%	**4%**	**85%**	NR*- 4
Question 7 – "What is the overall estimated completion percentage for your project's Stage 2 activities?"	27	11	9	47
	56%	**23%**	**21%**	NR*- 4

*NR- Not Received by response date

August Learning Collaborative Surveys

All Hospitals - Targeted Review

Survey Question	Yes	No*	NR**	Total
Question 9 – Survey response mentioned that their hospital is tracking performance data in some manner	33	14	4	47
	70%	**30%**		
Question 12 –Survey response mentioned that their hospital project encountered notable success to date	38	9	4	47
	80%	**20%**		

*"NA" Not Applicable entries by the hospital were captured as a negative response
**NR- Not Received by response date

Prepared by Myers and Stauffer LC

August Learning Collaborative Surveys

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

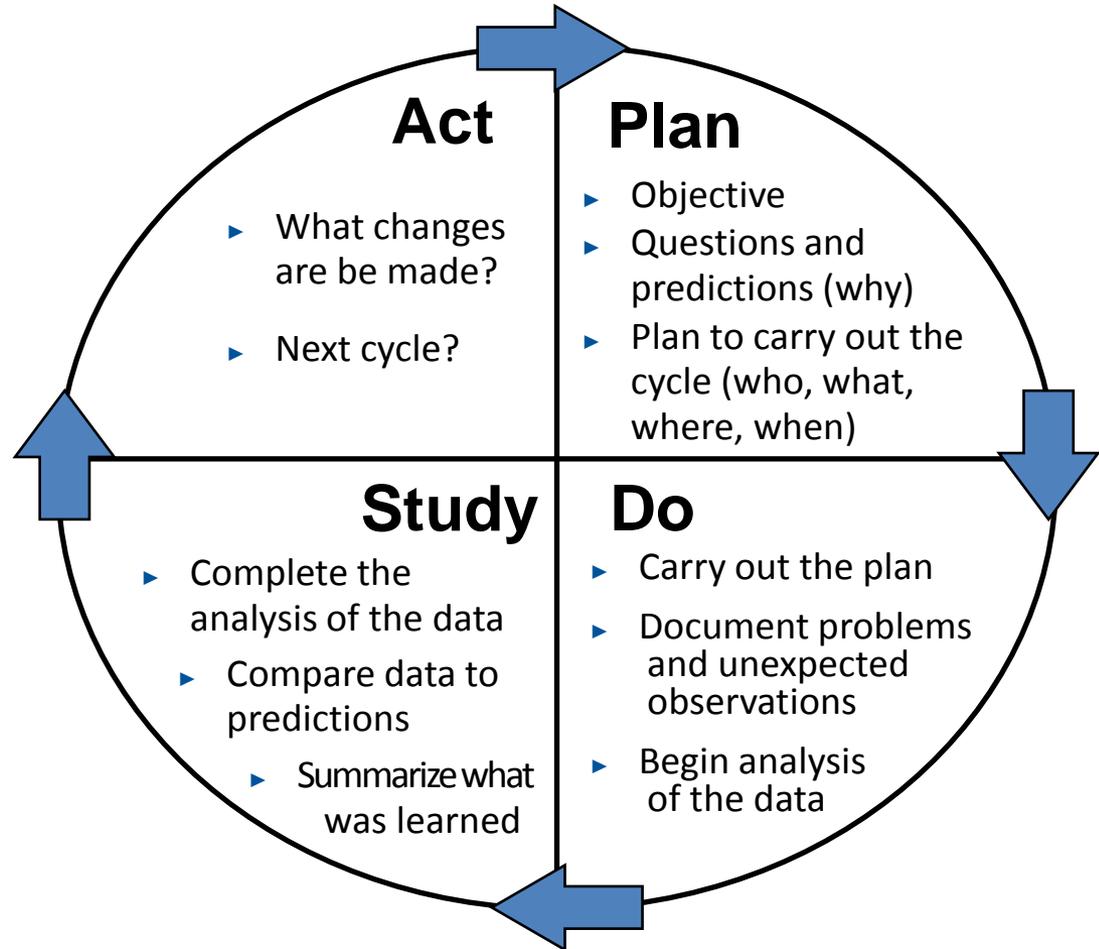| Cycle Stage	Number of Hospitals (51)	Percentage
Plan	25	48%
Do	14	28%
Study	4	8%
Act	4	8%
Not Received	4	8%

Prepared by Myers and Stauffer LC

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

NJ Health
New Jersey Department of Health

ON-SITE DECEMBER PRESENTATION:

SAINT PETER'S HEALTHCARE SYSTEM
Treating you better...for life.

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