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The mission of the Department of Health is to improve health through leadership and innovation.

# NJ DSRIP Learning Collaborative

New Jersey Department of Health (NJDOH)

October 9, 2014





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## Learning Collaborative Session Objectives

- ✓ DSRIP Updates
- ✓ Summary of Last Meeting Topics/ Discussions
- ✓ Survey Response Review
- ✓ Hospital-Led Presentations
- ✓ Q&A





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## NJ DSRIP Program Updates

- Monthly LC survey completion supports the expectation of sharing success and barriers experienced during the program.
  - Please be sure to reference the NJ DSRIP internet site monthly for the most current survey template
- Project Partner Profile spreadsheets were sent to the hospitals on September 19<sup>th</sup> with a return date of September 29, 2014 to Myers and Stauffer LC.
  - Some Partner Profiles are missing, incomplete and/ or have duplicate partners that require clean-up. This is necessary to produce better data for the hospitals before the Patient Rosters can be sent.
  - A webinar will be scheduled to review the patient roster layout along with the guidance document to hospitals wanting to reconcile patient-level data.





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## DSRIP DY3 Q2 Progress Report

- Data use agreements and/or data sharing arrangements with your reporting partner(s) are required to be **submitted with your DY 3 Q2 Progress Report.**
  - This documentation must match the date indicated on your project partner profile.
  - If your reporting partner is a community-based physician practice group owned/ affiliated with your hospital, and data is integrated through this contract, documentation and/ or an affirmation of this should be submitted. An affirmation from the hospital should indicate that the physician members of the hospital owned physician practice group will be notified of the data usage for the DSRIP program.
- A Data Reporting Plan will be sent to the hospitals and is due on October 31, 2014 with the Progress Report submission.
  - Per the FMP pgs 18-19, if the databook indicates a date other than a reporting date of October 31, 2014, the progress report should include rationale for omission of the metric **and a plan for obtaining the metric by April 30, 2015.**
  - **Hospitals should complete and submit the Data Reporting Plan with the DY 3 Q2 Progress Report as documentation of your plan to report your hospital data.**
  - This template offers a standard, simplified format for hospitals to complete to ensure that every metric is properly accounted for and payment allocation is not forfeited.
  - Additional narratives, requirements documents and process flowcharts may also effectively document your hospital's plan to report data.





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## DSRIP DY3 Q2 Progress Report

- The DY3 Q2 Progress Report was sent to each individual hospital on Wednesday, October 1, 2014. There are two tabs to complete for this quarter.
- Completed Progress Reports and any supporting document(s) are to be loaded onto the Myers and Stauffer LC FTP site by end of business **Friday, October 31, 2014**.
- A standardized budget template was not included with this Progress Report e-mail. The budget guidance document and template have been delayed, but are forthcoming. Until further communications please reference the budget information as instructed on the DY3Q2 Narrative Tab.
- For Progress Report errors you do not understand or cannot clear please do the following:
  - a. Ensure you have saved your progress report as an Macro-Enabled Excel document version 2007 or later.
  - b. Send an email to [NJDSRIP@mslc.com](mailto:NJDSRIP@mslc.com) stating the issue and a team member will respond back to you to provide assistance.
- If your hospital did not elect on your application to perform Activity 13 (starting on row 51) – *Conduct patient satisfaction survey* and/or Activity 14 (starting on row 66) – *Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention* please do the following: In Column H select "Not Completed" and Column I select "0% ". This will result in an error of "#N/A". You may ignore the error on these lines.





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# DSRIP DY3 Q2 Progress Report- *continued*

## New Reporting Activities

- 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







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## DSRIP DY3 Q2 Progress Report- *continued*

### New Reporting Activities

#### 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.





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## Summary of Prior Meeting Topic/ Discussion

September 11<sup>th</sup> Meeting:

- Review DY3 Q1 Progress Report Findings
- Look Forward to DY3 Q2 Progress Report Changes
- Review of August Learning Collaborative Response Statistics
- Two speaker presentations
- Break-out sessions by project area/ Learning Collaborative





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## Presentations

**Dr. Jeffery Brenner MD**, Medical Director of the Urban Health Institute, a dedicated business unit built at the Cooper Health System focused on improving care of the underserved and is the Executive Director for the Camden Coalition of Healthcare Providers.

Key thoughts shared by Dr. Brenner:

- DSRIP is not a continuation of special relief funding; it is a “grant” to do quality improvement work for America’s low income population.
- Multi-disciplinary teams/ health coaches need to be created to address the individual needs of the patient, from the physical to the behavioral.
- Dr. Brenner discussed utilization of ACE Scores [reference the Adverse Childhood Experiences study] as a predictor of utilization.
- Analytic data needs to be more nimble and available at a faster rate than available from centralized claims data analysis. There are low cost solutions.
- Rethink your service delivery model – more than likely it needs re-engineering.
  - Employ six sigma models to identify opportunities
  - Ambulatory models will have to do more work in different ways





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# Presentations

## *Patient Engagement: Food For Thought*

**Jennifer Dressler, RN, BSN, CPHQ** HC Sr. Manager at Myers and Stauffer LC

Key topics discussed:

- Behavior change
  - Impacting patient behaviors is key to success.
- Patient engagement
  - Patient engagement is part of a tool box for building patient relationships, not the only tool available. Multiple tools available to promote medical self-management discussed/ outlined
- Offered a variety of reference sites for hospitals to refer to for support and ideas.
- Patient activation
  - Research shows a relationship between patient activation, impact to health care costs and health-related outcomes. There are several models, assessment tools and measures that can be referenced and utilized to supplement your medical outreach efforts.
  - Patient Activation Measure (PAM): Developed by Dr. Judy Hibbard and colleagues at the University of Oregon





# Monthly Survey Review: Aggregate

- Section II: Project Implementation- Support

Survey Question	0-49%	50-74%	75-100%	Total
<b>Question 1</b> – “What percentage of your Quality Improvement Plan is documented?”	10	4	33	47
	<b>21%</b>	<b>9%</b>	<b>70%</b>	*NR- 4
<b>Question 6</b> – “What percentage of your performance measurement data plan, that is due in October, is documented?”	16	19	11	47
	<b>35%</b>	<b>41%</b>	<b>24%</b>	*NR- 4



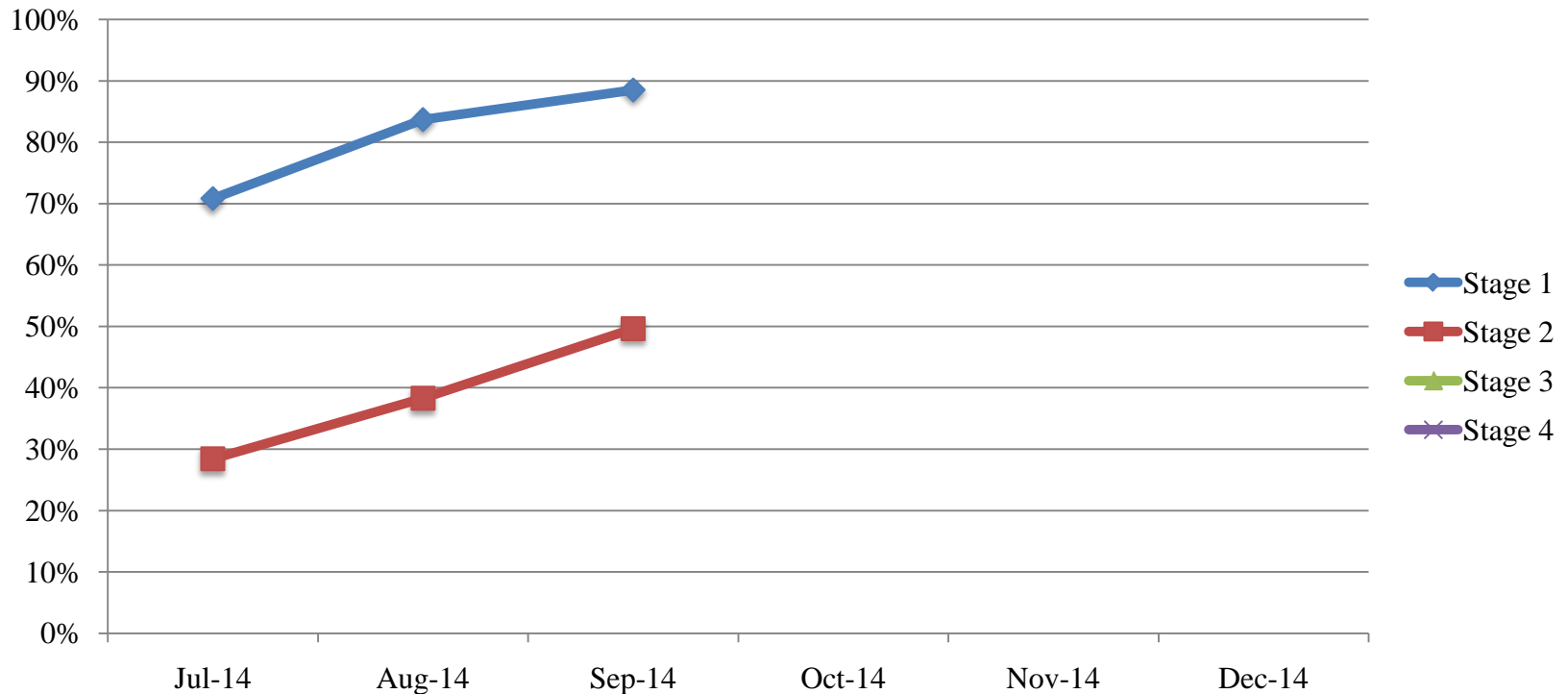
\*NR- Not Received by response date

Prepared by Myers and Stauffer LC



## Monthly Survey Review: Aggregate

- Section II: Project Implementation- *Percentage of Stage Completion*





# Monthly Survey Review: Aggregate

- Section IV: Meeting Evaluation *\*Total of 38 forms submitted*

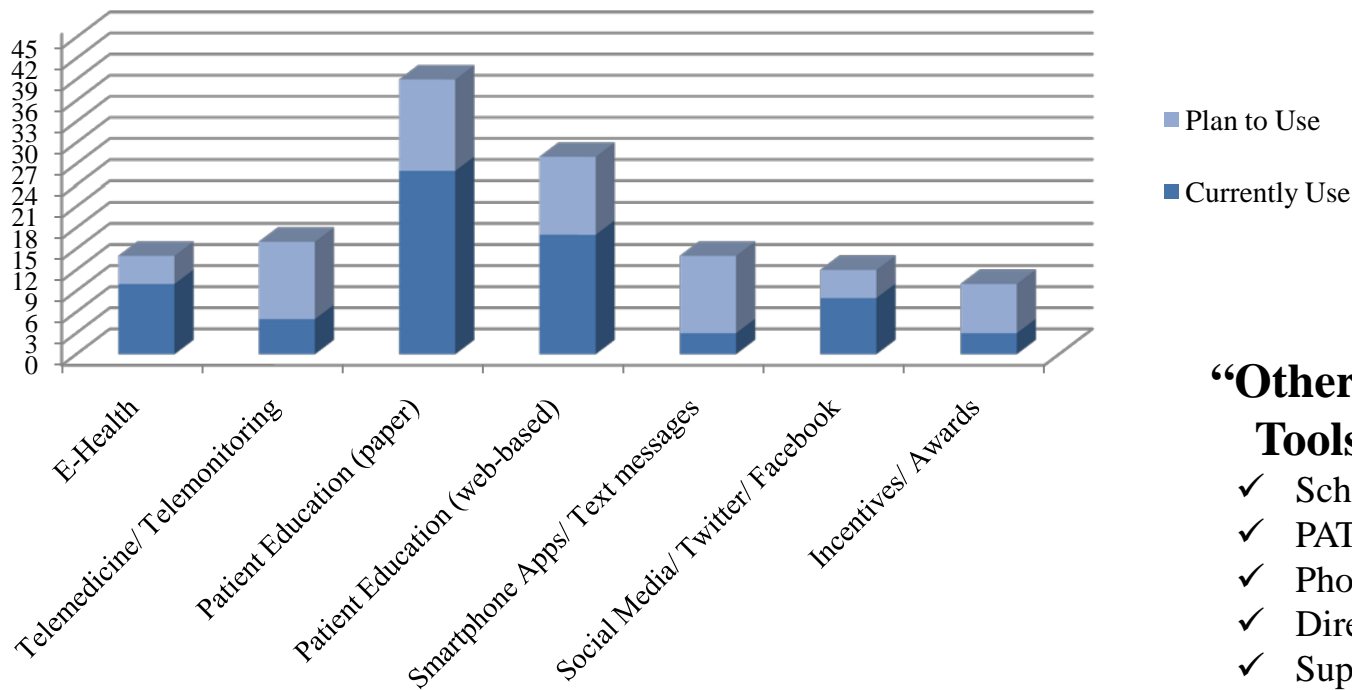
<b>**Rate each section using the Likert Scale</b>	<b>5 Excellent</b>	<b>4 Good</b>	<b>3 Neutral</b>	<b>2 Fair</b>	<b>1 Poor</b>
Usefulness of general information	8	18	10	1	1
	<b>21%</b>	<b>47%</b>	<b>26%</b>	<b>3%</b>	<b>3%</b>
Relevance of Patient Engagement topic	6	17	8	5	2
	<b>16%</b>	<b>45%</b>	<b>21%</b>	<b>13%</b>	<b>5%</b>
Hand-outs provided	7	20	10	0	1
	<b>18%</b>	<b>53%</b>	<b>26%</b>		<b>3%</b>
Overall, how would you rate the event	5	19	11	2	1
	<b>13%</b>	<b>50%</b>	<b>29%</b>	<b>5%</b>	<b>3%</b>
My understanding of DSRIP expectations/ requirements	7	20	6	4	1
	<b>18%</b>	<b>53%</b>	<b>16%</b>	<b>10%</b>	<b>3%</b>





## Monthly Survey Review: Aggregate

- Section III: Patient Engagement Tools; *Survey Question #8*



### “Other” Engagement Tools Being Used

- ✓ School presentations
- ✓ PAT/ SAT Surveys
- ✓ Phone Calls
- ✓ Direct Marketing
- ✓ Support Group(s)
- ✓ Live Interaction





## LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse

- Section II: Project Implementation- Support

Survey Question	0-49%	50-74%	75-100%	Total
Question 1 – “What percentage of your Quality Improvement Plan is documented?”	0	0	9	9
			<b>100%</b>	

Survey Question	Plan	Do	Study	Act
Question 3 – “What stage of the PDSA cycle would you consider your project to be in?”	2	6	1	0

Survey Question	0-49%	50-74%	75-100%	Total
Question 4 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	0	0	9	9
			<b>100%</b>	



# LC 2 Monthly Survey Review: Behavioral Health/ Chemical Addiction/ Substance Abuse

- Section II: Project Implementation- Support *continued*

Survey Question	0-49%	50-74%	75-100%	Total
<b>Question 5</b> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	6	0	3	9
	<b>67%</b>		<b>33%</b>	
<b>Question 6</b> – “What percentage of your performance measurement data plan, that is due in October, is documented?”	2	6	1	9
	<b>22%</b>	<b>67%</b>	<b>11%</b>	

Survey Question	Yes	No	Total
<b>*Question 7</b> – “Do you believe you understand the difference between the different types of reporting partners?”	10	0	10



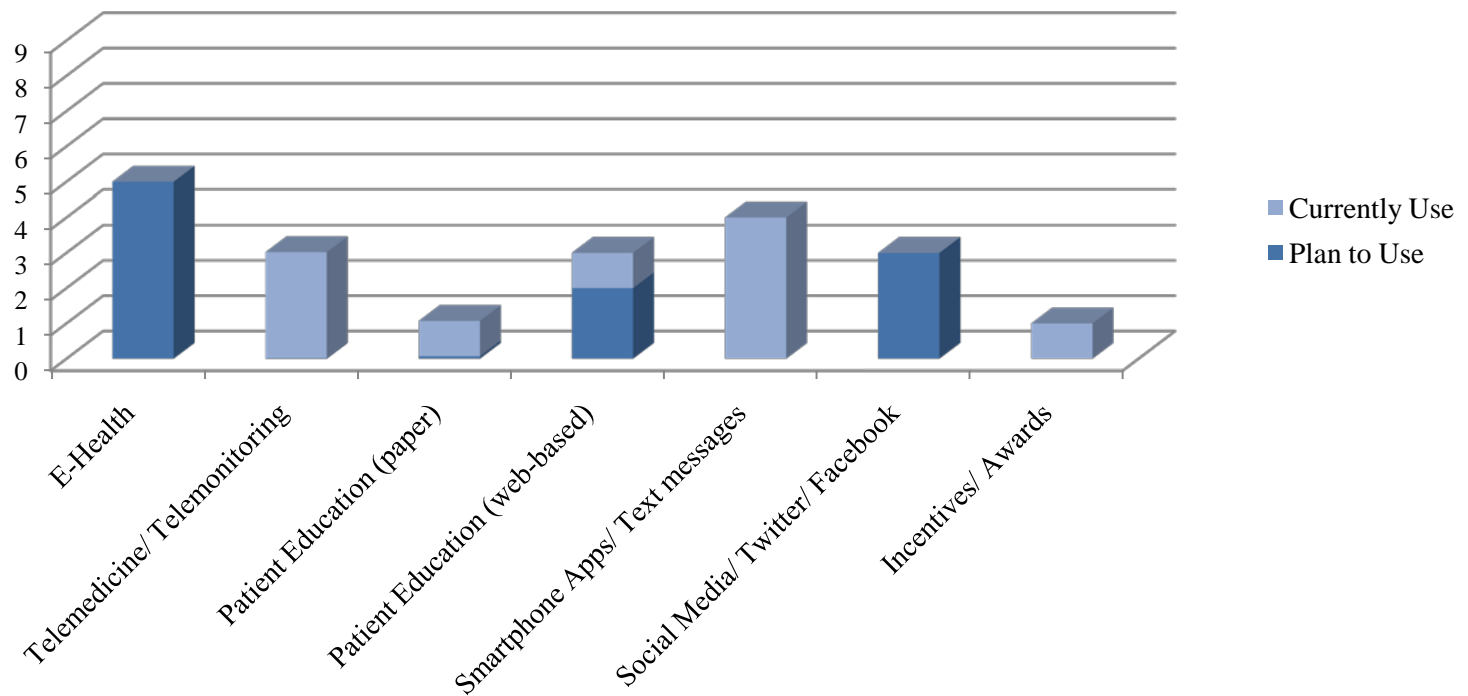
\* Paper surveys collected from any attendee, all responses captured

Prepared by Myers and Stauffer LC



## LC 2 Monthly Survey Review:

- Section III: Patient Engagement Tools





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# NOVEMBER PRESENTERS

- ST. CLARE'S RIVERSIDE MED CENTER- DENVILLE
- CAPITAL HEALTH SYSTEM- FULD CAMPUS

Please have a 10 minute presentation to speak on the following items, when called upon:

1. Describe at a high-level what project intervention(s) your hospital is implementing
2. Discuss your hospital's responses to the Monthly Survey
3. Discuss your hospital's project achievement to date
4. Offer any project observations, challenges and noted successes to date

If a presentation is provided, please have it in a PowerPoint format, since that is optimal for our conference provider and continuity for posting to the NJ DSRIP site.





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# Q & A

