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# NJ DSRIP Learning Collaborative

New Jersey Department of Health (NJDOH)

April 9, 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

March 12, 2015 Meeting:

- 2015 Timeline of Activities
- Performance Measurement
- DY3 Findings and DY4 Progress Report Recommendations
- February LC survey result review
- DY4 Annual DSRIP Application Renewal
- NJ DSRIP Website Log-in Process
- Industry guest speaker presentations





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## NJ DSRIP Program Updates

- ✓ DY4 DSRIP Re-Application is due April 30, 2015
  - Will include CMS requested updated information from the application approvals.
  - Suggested (not mandatory) budget template available
- ✓ DY3 Q4 Progress Report is due by April 30, 2015
  - Refer to the Guidance document for detailed expectations for this quarter
  - Suggested (not mandatory) budget template available
  - This is the last quarter in which you can complete non-quarterly Stage I (Infrastructure Development) and Stage II (Pilot, Pilot Evaluation and Full Implementation) activities. Failure to complete an activity will result in a forfeiture of funds allocated to that activity. Forfeited funds will go to the Universal Performance Pool (UPP).





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## NJ DSRIP Program Updates

- ✓ Data Reporting due: **April 30, 2015**; Submit using the NJ DSRIP Standard Reporting Workbook, located under Resources/Documents for Download/Databook and Standard Reporting Workbook
  - Completed document must be submitted via the Myers and Stauffer secure FTP site
  - **DSRIP has determined that hospitals will not be required to go back and oversample due to exclusions.**
  - All Stage III outpatient measures remain due by April 2015 and were not deferred. DSRIP# 31, Controlling High Blood Pressure, is applicable for Stage III reporting.
  - There has been no communication from CMS regarding retired measure reporting or modifying the number of Stage IV reported measures at this time.
  - Webinar 9 was offered April 7, 2015 from 1- 2:30p.m. to answer any last minute questions. Slides will be available for viewing by the end of this week
  - Webinar 8 Performance Measurement and Attribution slide 7 lists the Stage IV measures that were deferred for this reporting period





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## Survey Completion and Submission Improvement Needed

- ✓ ***NEW SURVEY QUESTIONS CAPTURED EACH MONTH***
- ✓ 3 hospitals sent in the wrong survey
  - Each month the survey questions change and need to be downloaded from the NJ DSRIP website <http://dsrip.nj.gov/LC/LC>
- ✓ 11 hospitals didn't fill in the meeting evaluation portion; is noted that there was an issue with the drop down boxes that was corrected once identified
  - With only 78% of the hospitals responding, an accurate representation of the meeting evaluation can't be made
- ✓ 3 hospitals didn't provide match rate information
- ✓ 14 hospitals did not submit a survey by the March 20 due date

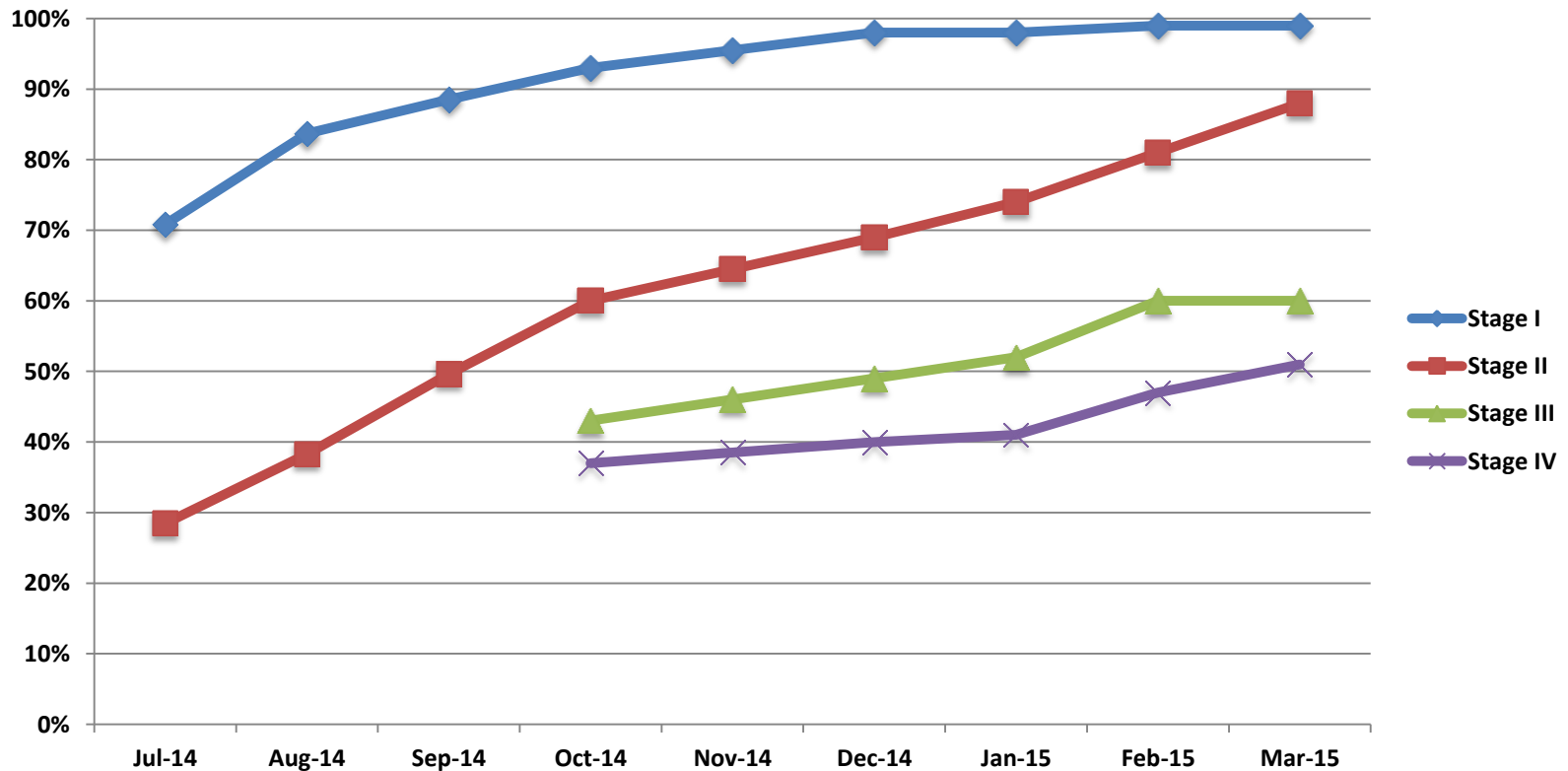
Survey completion supports your Stage II Activity 6 quarterly submission requirements as well as supporting information for the DSRIP Program Evaluation (*Planning Protocol Pg 50*)

Due to these multiple irregularities, March survey results are independently related to the total number of submissions for each question since there was such a variance of response within the survey.



## Monthly Survey Review: LC aggregate over time

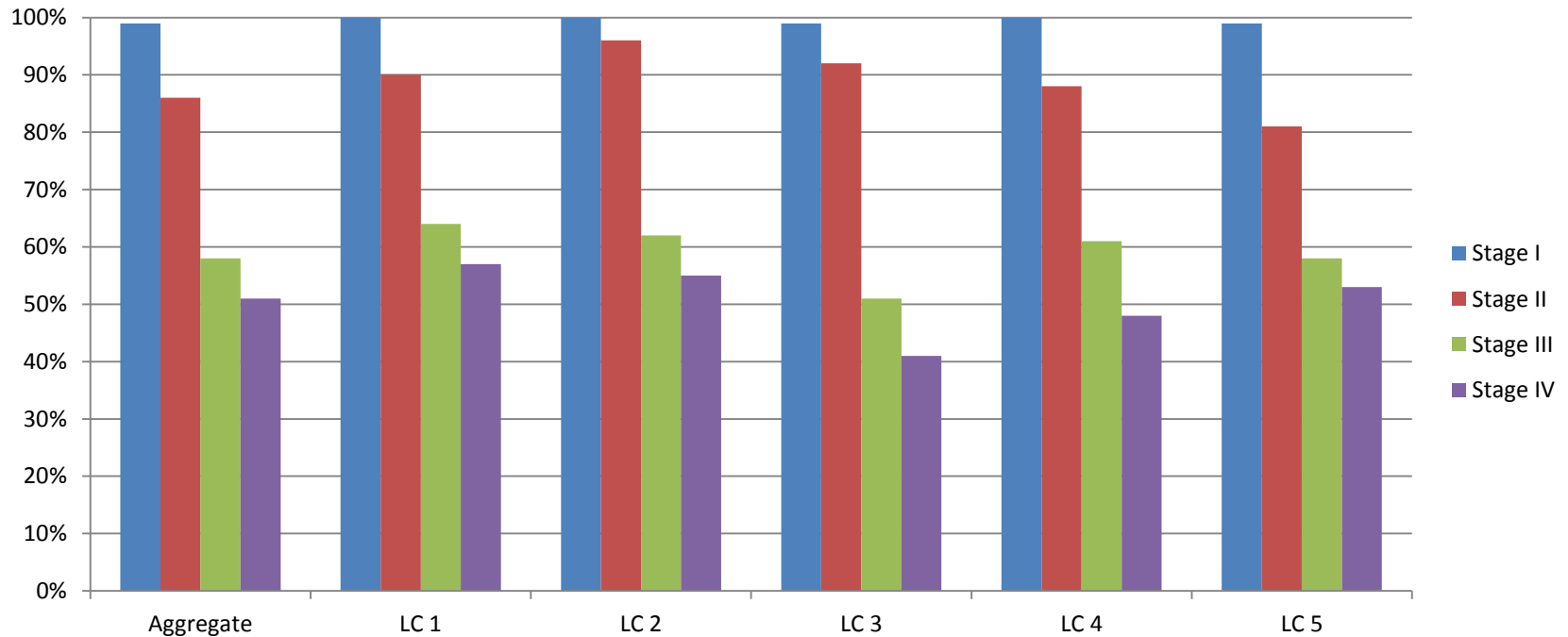
### ➤ Section III: Project Implementation- *Percentage of Stage Completion*





## Monthly Survey Review: March 2015 comparison

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







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## Final Patient Attribution Match Rates:

### Medicaid/CHIP & Charity Care

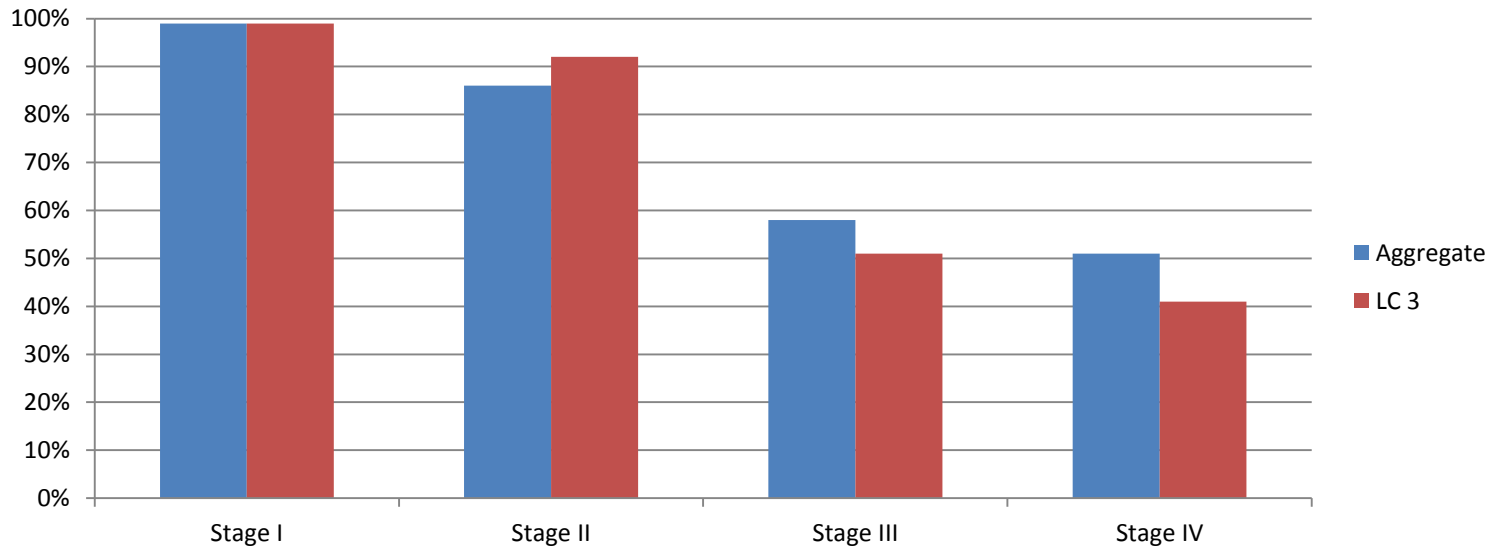
- 96% (48 hospitals) submitted final attribution match rates
- Of those hospitals that submitted a response, 83% (40 Hospitals) had 90%, or better, match rates
  - 8% (4 hospitals) had less than 50% match rates
  - Reach out to the DSRIP Team if you are still significantly below the expected 90<sup>th</sup> percentile match rate
- With the February 2015 survey, 72% (36 hospitals) attempted to match their preliminary attribution patient list with 22% (11 Hospitals) having 90%, or better, match rates





## LC 3 Monthly Survey Review: Care Transitions Intervention Model

- Section III: Project Implementation- Tracking





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## LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- Section IV: Observations

### Implementation Challenge(s)

- “The challenges include identifying patients that meet criteria for the DSRIP program, covering the cost of medications for charity care patients, providing transportation to doctors' visits for charity care patients, patients refusing to participate in the DSRIP program and approve home visits, and patients with substance abuse problems. **We would like suggestions** from the Learning Collaborative.” *East Orange General Hospital*
- “We have completed our project since end of January 2015. Challenges we encountered include - change of personnel in the middle of the study and having small number of patients who consented to be part of the study.” *Palisades Medical Center*
- “We are unable to perform home visits due to language barrier.” *Raritan Bay Medical Center*

### Suggestions to overcome barrier(s)

- “We continue to correspond to hospital administration via email to update on project's progress and barriers.” *Raritan Bay Medical Center*





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## LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

- Section IV: Observations

### Notable Success

- “We gave free medications to a homeless patient and coordinated his application for a drug rehabilitation program in which he waited for 3 weeks and then was accepted. He was not a readmission.” *East Orange General Hospital*
- “Based on current patient population enrolled in the program, we have seen a very low readmission rate for our 30-day Program patients that have completed the entire program.” *Community Medical Center*
- “We have a readmit rate less than 10% for our pilot population.” *JFK Medical Center/ Anthony M. Yelencsics*

### Lesson(s) Learned/Best practice(s)

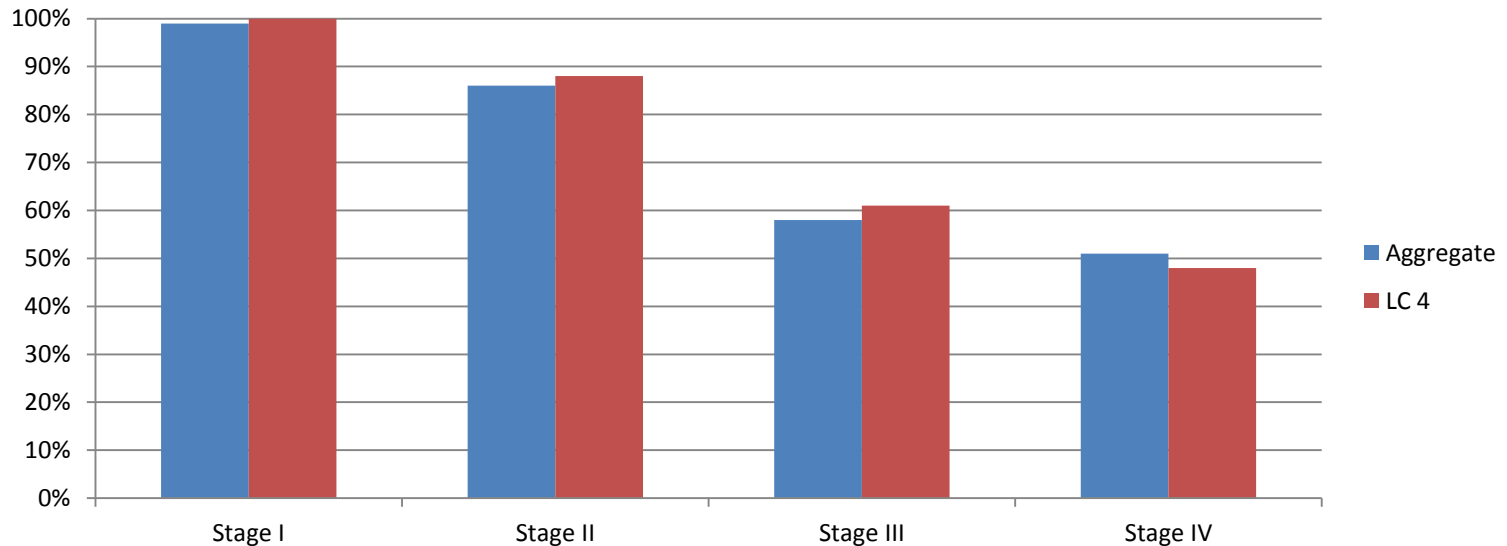
- “Additional supplies for our >500 pound patients (scales); Additional data elements for collection to review patient outcomes around readmissions.” *Community Medical Center*





# LC 4 Monthly Survey Review: Congestive Heart Failure Projects

- Section III: Project Implementation- Tracking





## LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- Section IV: Observations

### Implementation Challenge(s)

- “Patient compliance with home visits and completion of satisfaction survey.” *Carepoint Health- Christ Hospital*
- “Obtaining follow up appointments in the specified time frame.” *Hoboken University Medical Center*

### Suggestions to overcome barrier(s)

- “Continue to work 1:1 with patients and have started to have the TiC APN bring a copy of the survey to leave in the home.” *Carepoint Health- Christ Hospital*
- “Have made modification and tracking changes.” *Hoboken University Medical Center*



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## LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

- Section IV: Observations

### Notable Success

- “Patients continue to verbalize satisfaction with the program even though they are not sending back the survey forms.” *Carepoint Health- Christ Hospital*
- “Patient satisfaction remains high.” *Hoboken University Medical Center*

### Lesson(s) Learned/Best practice(s)

- “Some hospitals are having similar issues with matching patients, staffing their programs and collecting data.” *Meadowlands Hospital Medical Center*
- “First home visit critical within 24-48 hours of discharge. Medication reconciliation is critical.” *Meadowlands Hospital Medical Center*
- “The DSRIP project requires multidisciplinary participation and education of project success to participating team members.” *Chilton Memorial Hospital, Morristown Memorial Hospital, Newton Memorial Hospital, and Overlook Hospital*





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**TODAY'S LC 3 & 4 PRESENTERS ARE:**

**Raritan Bay Medical Center**

**Hoboken University Medical Center**

**Meadowlands Hospital Medical Center**







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## May 14, 2015 PRESENTERS

**Overlook Hospital**

**Newton Memorial Hospital**

**Chilton Memorial Hospital**

- ❖ 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 website.





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# Q & A

