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

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

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).

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 <u>not be required</u> 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

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.
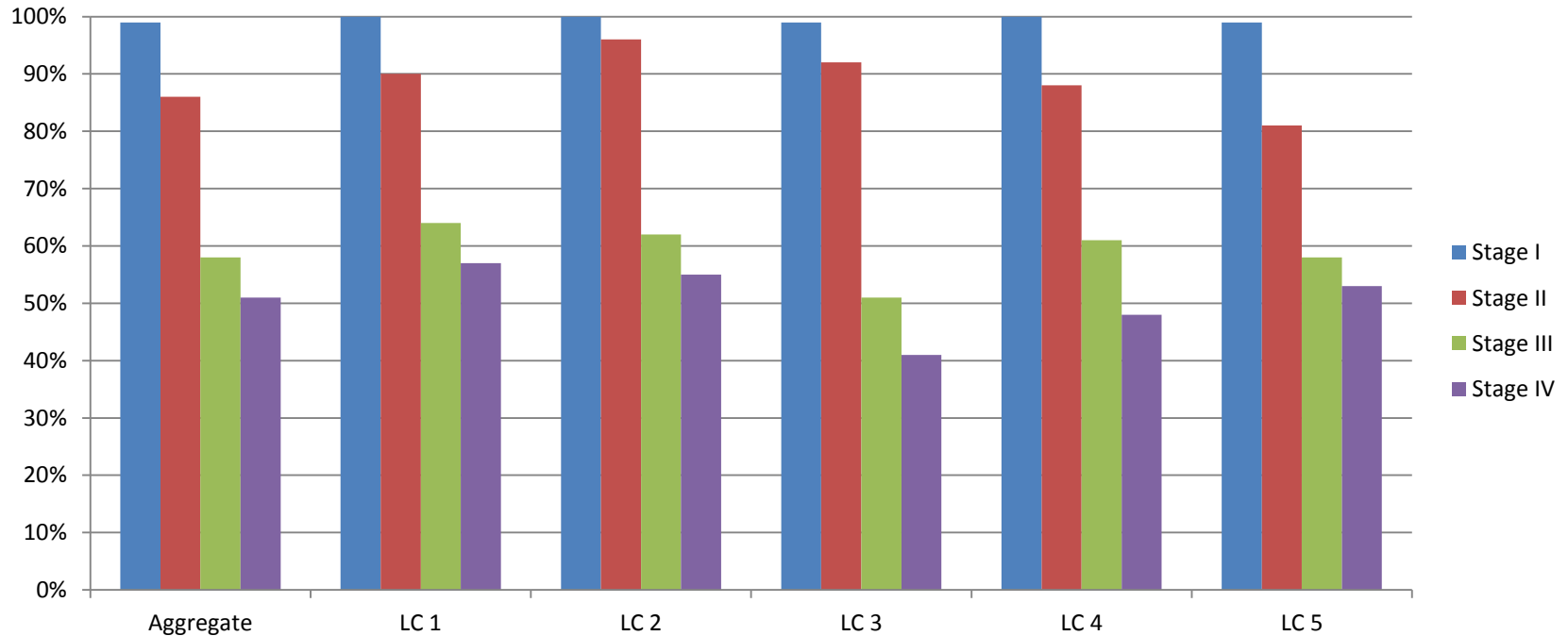
Monthly Survey Review: LC aggregate over time

➢ Section III: Project Implementation- *Percentage of Stage Completion*
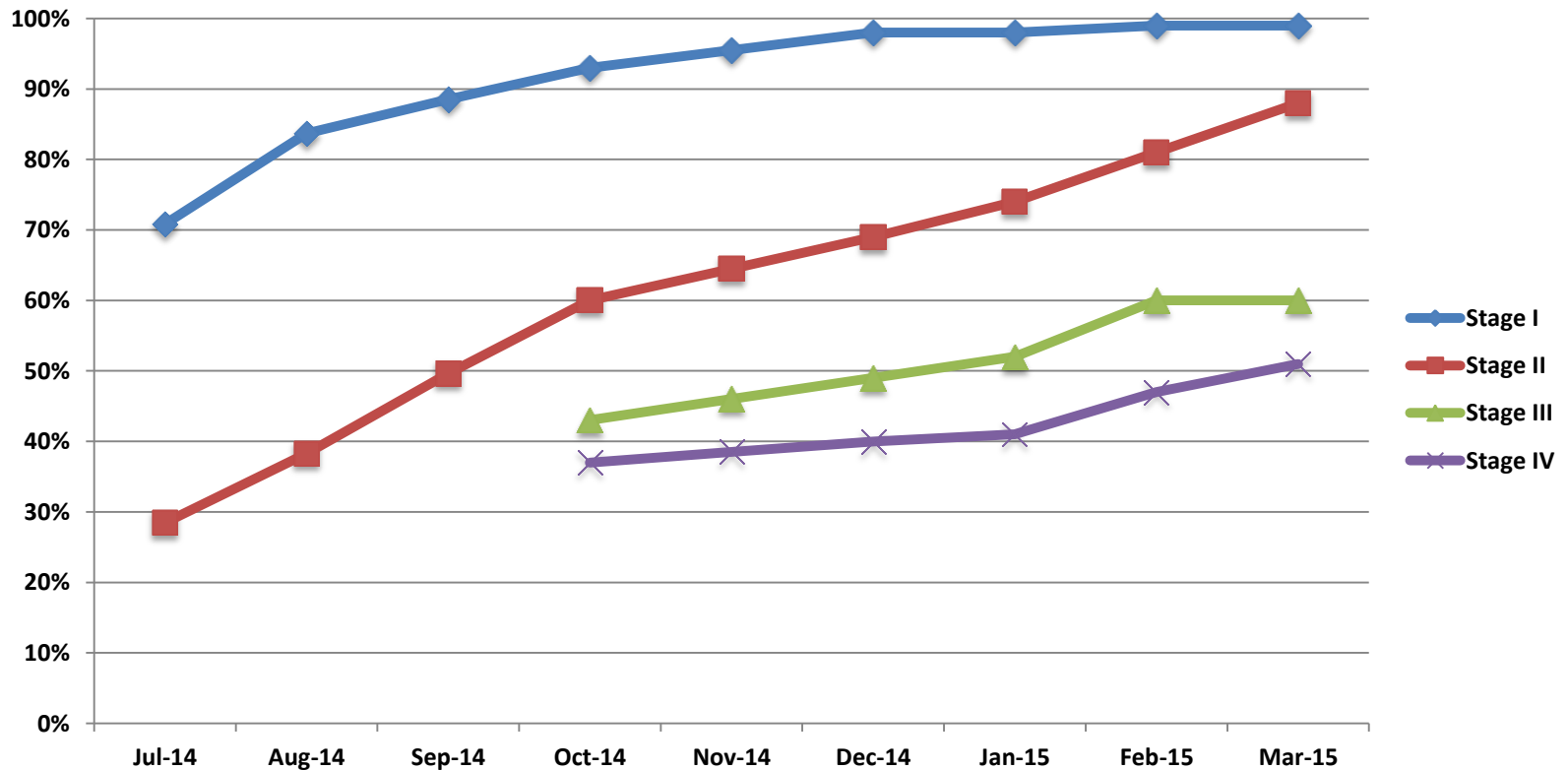
Monthly Survey Review: March 2015 comparison

➢ Section III: Project Implementation- *Percentage of Stage Completion*

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 90th 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 5 Monthly Survey Review: Diabetes & Obesity

- Section III: Project Implementation- Tracking
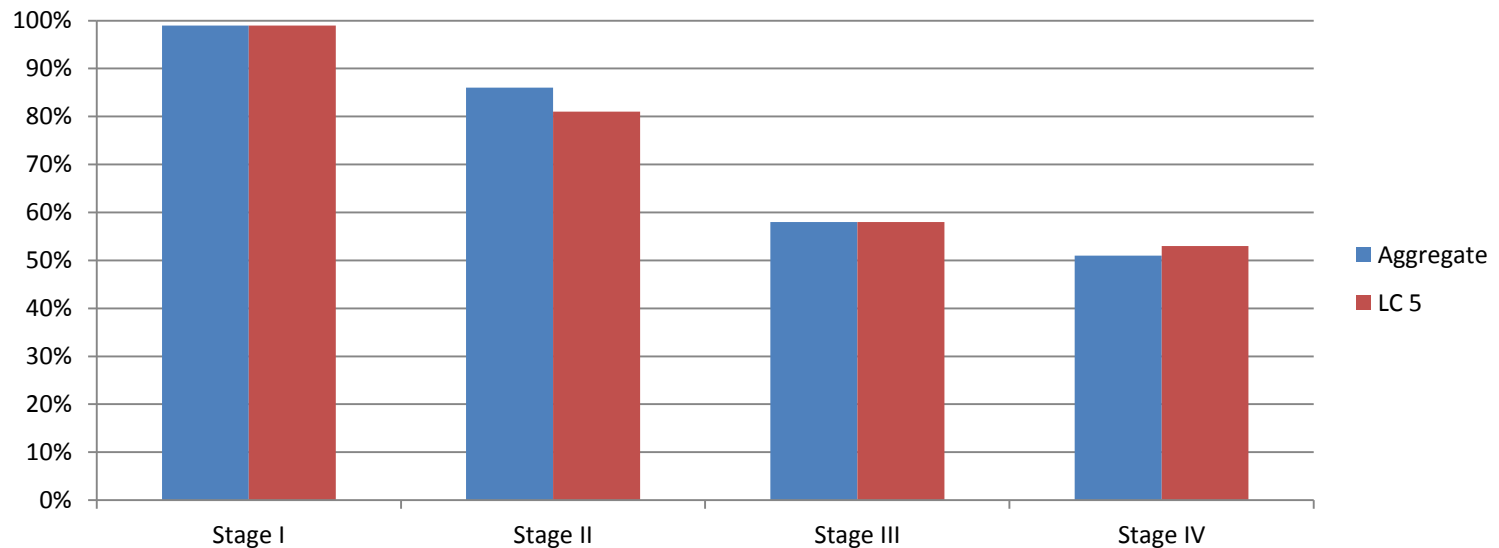
LC 5 Monthly Survey Review: Diabetes & Obesity

- ## Section IV: Observations

Implementation Challenge(s)

- "One of our Pilot schools in the Trenton district is closing due to budget cuts for the incoming school year 2015-2016. We have to meet with the school district for their recommendations on where and how to continue our program in their school district." *Capital Health Medical Center Hopewell*
- "Lower and slower patient enrollment than expected." *Virtua- West Jersey Health System*

Suggestions to overcome barrier(s)

- "We are presenting 2 proposals with the school district officials. First is to implement the program to a larger population by leading the district wide curriculum changes regarding health & nutrition or choose another school to replace the pilot school." *Capital Health Medical Center Hopewell*
- "Continuous outreach efforts to increase patient enrollment from doctors' offices as well as community organizations. Identifying patients eligible for the program and inviting them to attend group education classes. We will certainly **appreciate LC peer inputs and experiences**." *Virtua- West Jersey Health System*

LC 5 Monthly Survey Review: Diabetes & Obesity

- ## Section IV: Observations

Notable Success

- "We see continued improvement in quality metrics." *Atlanticare Regional Medical Center*
- "In only 12 short weeks we have shown great improvements in all areas of the program. In the whole population we serve, children in a healthy weight range increased from 50% to 57% (via reduction in those students with BMI in the overweight and obese categories), 61% of students at CSA increased their aerobic capacity, and 89% of students at CSA and 58% of students at the pilot school increased their nutrition knowledge (100% of students at pilot school scored an 80% or above on the nutrition knowledge post test)." *Capital Health Medical Center Hopewell*
- "Our work with FMC has led to an improved overall relationship." *Centrastate Medical Center*
- "We have more than doubled our patient population by increasing collaboration with our internal medicine residents at our Adult Clinic*." Hackensack UMC- Mountainside Hospital*

LC 5 Monthly Survey Review: Diabetes & Obesity

- ### Section IV: Observations

Lesson(s) Learned/Best practice(s)

- "Look first to the activities within your own organization before trying to create from scratch." *Centrastate Medical Center*
- "We are looking into the possibility of having extended hours such as late evenings and or weekend hours to meet the needs of the patients so that the hours of work missed in order to keep their appointments will be decreased." *St. Peter's University Hospital*
- "Care Management diagnosis specific patient identification and with making appointments for Primary Care follow up prior to discharge." *Cape Regional Medical Center*
- "Collaboration with SJ [South Jersey] hospitals - "SJ DSRIP Collaborative" as presented in the LC meeting. Ongoing discussion with collaborative about ways of data sharing for DSRIP projects- possible use of HIE." *Virtua- Memorial Hospital of Burlington County & Virtua- West Jersey Health System*

TODAY'S LC 5 PRESENTERS ARE:

Atlanticare Regional Medical Center

St. Francis Medical Center

Virtua- Memorial Hospital of Burlington County

May 14, 2015 PRESENTERS

Capital Health Medical Center Hopewell

Virtua- West Jersey Health System

St. Luke's Warren 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.

NJ Health
New Jersey Department of Health

Q & A