

Welcome to the New Jersey DSRIP Learning Collaborative

New Jersey Department of Health (NJDOH)

February 11, 2016

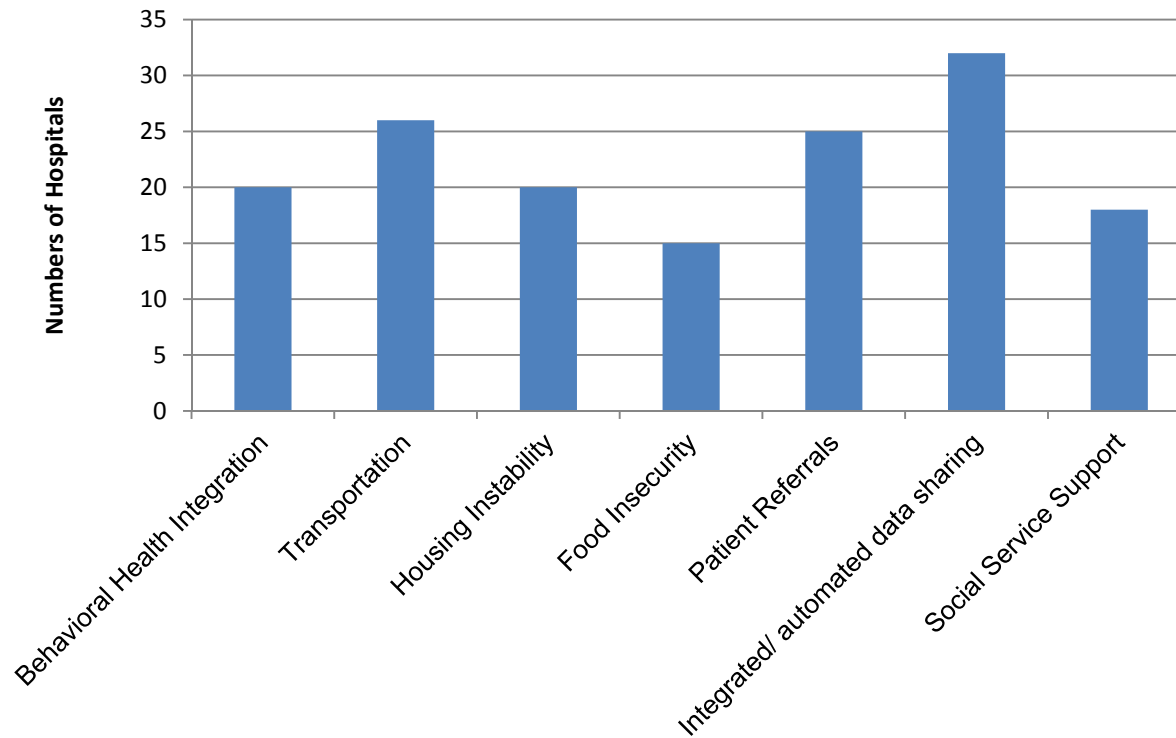


Learning Collaborative Session Objectives

- ✓ December LC Survey Response Review
- ✓ Future of the Learning Collaborative
- ✓ Future Deliverables in DY4
- ✓ Hospital-Led Presentations
- ✓ Q&A

December LC Survey Response Review

Project Partner Engagement Needs Results



The future of the Learning Collaborative

- Today's meeting 2/11/2016 is the last scheduled monthly Learning Collaborative meeting for the remainder of the Demonstration (February 2016 – June 2017)
- Starting in March 2016, NJ DSRIP team will host one on-site Learning Collaborative per quarter.
- Quarterly onsite meetings will continue to be the second Thursday of the last month of the quarter held at the New Jersey Hospital Association from 2:00 p.m. to 4:00 p.m.

| | |
|-----|---|
| DY4 | March 10, 2016 |
| DY5 | June 9, 2015 September 8, 2016 December 8, 2016 March 16, 2017 |

The future of the Learning Collaborative

- Please keep in mind that hospitals will continue to report on Stage 2 Activity 6 – Provide feedback to the Learning Collaborative.
- Stage 2, Activity 6 is a quarterly activity that must be completed each quarter in order to receive funding tied to this activity.
- On a quarterly basis, your hospital must document that the following minimum submission requirements were met:
 - 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

The future of the Learning Collaborative

- As the State will only be conducting one Learning Collaborative per quarter, it is essential your hospital attend the quarterly on-site meetings to receive DSRIP updates and have the opportunity to collaborate with your peers.
- Additionally, it is strongly recommended that your hospital consider either leading or joining a hospital-led learning collaborative if you have not already done so.
 - Documentation from a hospital-led learning collaborative can be submitted to show achievement of Stage 2, Activity 6--Provide feedback to the Learning Collaborative if the documentation shows the minimum submission requirements were met.

Databook Chart/EHR Update

- Added to DSRIP website Friday, January 29th (<https://dsrip.nj.gov/Home/Resources>)
- Places to look to best understand changes
 - Check the revision log to see which measures have been discontinued
 - Check the redline version of Databook to see if any measure logic changed
 - Look in Appendix A for fully expanded Value Sets to use in measure calculation (ICD-10 included)

Attribution and Performance Reporting

- New attributed patient rosters expected the middle of February
- Attribution period: Jan 2014 – Dec 2015 (2 year lookback)
- Patient rosters
 - Separate rosters sent to hospitals and all reporting partners
 - Each roster is filtered to include only patients who have received services at the respective facility

| Attributed patient has a service with the provider? | | Attributed patient on roster? | |
|---|-------------------|-------------------------------|-------------------|
| Hospital | Reporting Partner | Hospital | Reporting Partner |
| Yes | Yes | Yes | Yes |
| Yes | No | Yes | No |
| No | Yes | No | Yes |
| No | No | No | No |



Measure Achievement Review

Stages 3 and 4 Semi-Annual Measures

Performance Period: January – June 2015

Introduction

- Hospital payments for DY4 are based on hospital achievement of Stage 1 through Stage 4 activities and performance measures as defined in the Funding and Mechanics Protocol.
(<https://dsrip.nj.gov/Home/Resources>)
- Stage 3 and 4 measures are reported either annually or semi-annually depending on the measure.
- Payment coincides with the measure reporting frequency.

Example: Measure Results page

(<https://dsrip.nj.gov/Secure/MeasureResults>)

- MAV = Maximum Achievement Value or optimal achievement
- TAV = Total Achievement Value or actual achievement

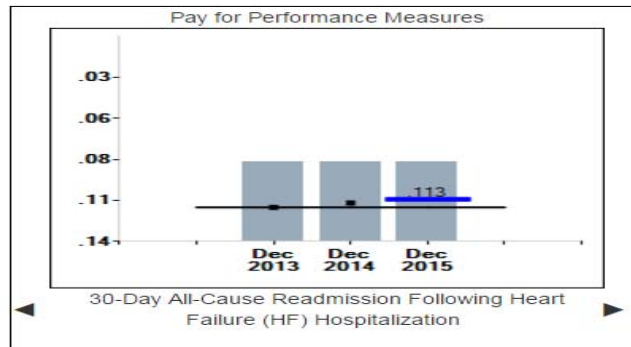


Measures Results Landing Page (Level 1)

- Stage 3: MAV = 1.0 TAV = 0.0 *Note: First indication that full achievement was not met.*
- Stage 4: MAV = 2.0 TAV = 2.0

The information below represents MMIS and Chart/EHR measure results for your review. To view the measures associated with a section, please click the plus (+) sign to expand the group. Expected Improvement Target Goals (EITGs) associated with Pay for Performance (P4P) measures will be calculated from Improvement Target Goals (ITGs) which were selected by the Quality and Measures Committee (QMC) and are pending approval by CMS. Once approved, EITGs will be displayed on this site. Pay for Reporting (P4R) measures display the median value of data collected from project or DSRIP participating hospitals to provide context to the results. This is provided for informational purposes only.

| | |
|-----------------------------------|----------------------|
| Hospital: | <input type="text"/> |
| Performance Period: | Jun 2015 |
| Project: | |
| Attribution Period: | Jul 2013 - Jun 2015 |
| Total Attributed Patients: | |
| Reporting Partners: | <input type="text"/> |



[Download Data](#)

| Hospital Achievement Summary | | |
|------------------------------|---------------------------------|-------------------------|
| | Maximum Total Achievement Value | Total Achievement Value |
| Stage 3 Measures | 1.0 | 0.0 |
| Stage 4 Measures | 2.0 | 2.0 |



Stage 3 details (Level 2)

- 1 Pay for Reporting (P4R) Chart/EHR measure and 1 Pay for Performance (P4P) Chart/EHR measure are shown.
- The P4P measure result is a red value (0.000). This indicates that the June 2015 Expected Improvement Target (EITG) was not met (3.720) .
- The EITG column shows the next reporting period's improvement target (7.291).

Summary → Stage 3 Measures

| Stage 3 Measures | | | | | | | | |
|---|--------------|---------|---|----------------|-----------|-------------|--------|-------------|
| Pay for Reporting(P4R) - Chart/EHR Measures | | | | | | | | |
| Performance Period | Project Code | DSRIP # | Measure Name | Stratification | Numerator | Denominator | Result | Project Med |
| Jan - Jun 2015 | 6.3 | 73 | Post-Discharge Appointment for Heart Failure Patients | | 1 | 6 | 16.667 | 24.324 |
| Pay for Performance(P4P) - Chart/EHR Measures | | | | | | | | |
| Performance Period | Project Code | DSRIP # | Measure Name | Stratification | Numerator | Denominator | Result | EITG |
| Jan - Jun 2015 | 6.9 | 80 | Timely Transmission of Transition Record | | 0 | 19 | 0.000 | 7.291 |

Result for June 2015

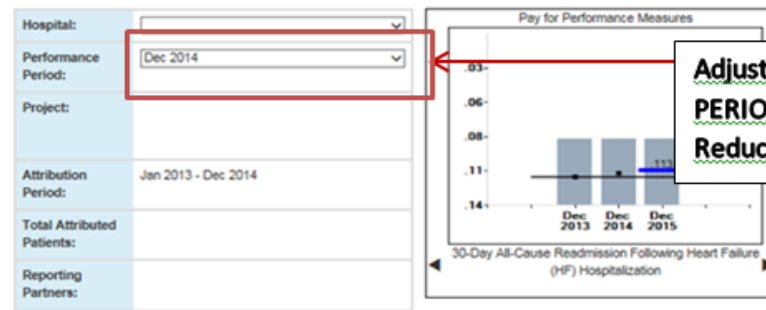
Prospective EITG for Dec 2015

Stage 3 details (Level 2)

In order to see values used to compute the June 2015 EITG (3.720) look at the prior period (ending Dec 2014)

New Jersey DSRIP Achievement Examples

purposes only.



Adjusted to the PRIOR PERFORMANCE PERIOD in order to review the Gap Reduction formula.

[Download Report](#) [Download Data](#)

Summary → Stage 3 Measures

| Stage 3 Measures | | | | | | | | |
|---|--------------|---------|---|-------------------------------|-----------|-------------|---------|-------------|
| Pay for Reporting(P4R) - Chart/EHR Measures | | | | | | | | |
| Performance Period | Project Code | DSRIP # | Measure Name | Stratification | Numerator | Denominator | Result | Project Med |
| Jan - Dec 2014 | 6.1 | 9 | Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction | | 8 | 8 | 100.000 | |
| Jan - Dec 2014 | 6.2 | 31 | Controlling High Blood Pressure | | 83 | 119 | 69.748 | 67.458 |
| Jul - Dec 2014 | 6.3 | 73 | Post-Discharge Appointment for Heart Failure Patients | | 1 | 8 | 12.500 | 12.500 |
| Jan - Dec 2014 | 6.4 | 61 | Medication Reconciliation | Age 18 years through 64 years | 33 | 46 | 71.739 | 71.739 |
| Jan - Dec 2014 | 6.4 | 61 | Medication Reconciliation | Age 65 years and above | 1 | 1 | 100.000 | 86.667 |
| Pay for Performance(P4P) - Chart/EHR Measures | | | | | | | | |
| Performance Period | Project Code | DSRIP # | Measure Name | Stratification | Numerator | Denominator | Result | EITG |
| Jul - Dec 2014 | 6.9 | 80 | Timely Transmission of Transition Record | | 0 | 36 | 0.000 | 3.720 |
| Pay for Performance(P4P) - www's measures | | | | | | | | |
| Performance Period | Project Code | DSRIP # | Measure Name | Stratification | Numerator | Denominator | Result | EITG |
| Jan - Dec 2014 | 6.6 | 3 | 30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization | | 0 | 0 | 0.115 | 0.113 |
| Jan - Dec 2014 | 6.7 | 1 | 30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization | | 0 | 0 | 0.205 | 0.194 |

Measure under review.



Stage 3 – Timely Transition measure details (Level 3)

The values used to calculate the EITG (3.720) are located in the red box.

Summary → Stage 3 → Timely Transmission of Transition Record

Timely Transmission of Transition Record Dec 2014

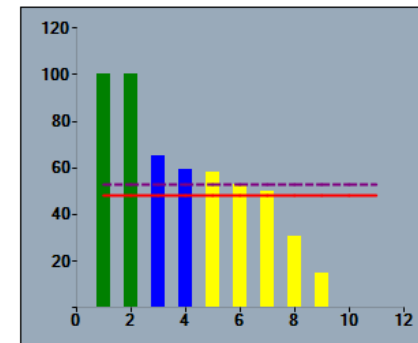
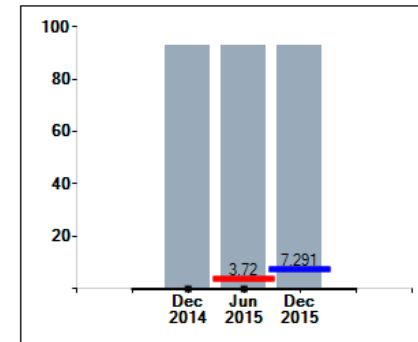
| | |
|-------------------------------|--|
| DSRIP # | 80 |
| Project Code | 6.9 |
| Measure Name | Timely Transmission of Transition Record |
| Stratification | |
| Substitution Flag | |
| Numerator | 0.000 |
| Denominator | 36.000 |
| Initial Patient Total | 36.000 |
| Reporting Partner Weight | Initial Patient Total |
| Result | 0.000 |
| Units of Measure | % |
| Improvement Direction | Higher |
| Improvement Target Goal (ITG) | 93.000 |
| Baseline Performance | 0.000 |
| Gap | 93.000 |
| Required Gap Reduction % | 4% |
| Required Gap Reduction | 3.720 |
| Expected Improvement Target | 3.720 |
| Achievement Met | |
| Achievement Value | |

Numerator:

Patients for whom a transition record was transmitted to the facility or primary care physician or other health care professional designated for follow-up care within 24 hours of discharge.

Denominator:

Of the New Jersey Low Income attributed population, all patients, regardless of age, discharged from an inpatient facility (i.e. hospital inpatient) to home/self care or any other site of care with a diagnosis of Congestive Heart Failure (CHF).



Stage 3 – Timely Transition measure details (Level 3)

Back to the latest result (June 2015)

Improvement Direction:

Higher

Result: 0.000

EITG: 3.72

EITG Met: No

Achievement Met: N

Achievement Value: 0.0

EITG bar turns red on top graph

Summary → Stage 3 → Timely Transmission of Transition Record

Timely Transmission of Transition Record Jun 2015

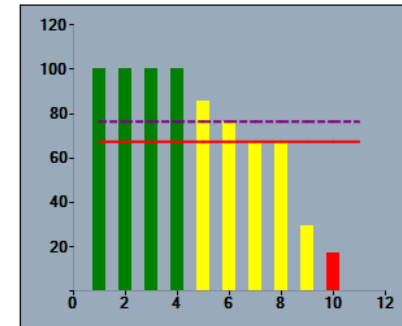
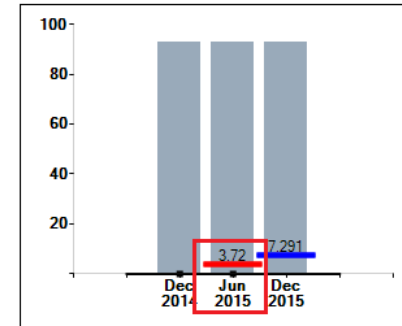
| | |
|-------------------------------|--|
| DSRIP # | 80 |
| Project Code | 6.9 |
| Measure Name | Timely Transmission of Transition Record |
| Stratification | |
| Substitution Flag | |
| Numerator | 0.000 |
| Denominator | 19.000 |
| Initial Patient Total | 19.000 |
| Reporting Partner Weight | Initial Patient Total |
| Result | 0.000 |
| Units of Measure | % |
| Improvement Direction | Higher |
| Improvement Target Goal (ITG) | 93.000 |
| Baseline Performance | 3.720 |
| Gap | 89.280 |
| Required Gap Reduction % | 4% |
| Required Gap Reduction | 3.571 |
| Expected Improvement Target | 7.291 |
| Achievement Met | N |
| Achievement Value | 0.0 |

Numerator:

Patients for whom a transition record was transmitted to the facility or primary care physician or other health care professional designated for follow-up care within 24 hours of discharge.

Denominator:

Of the New Jersey Low Income attributed population, all patients, regardless of age, discharged from an inpatient facility (i.e. hospital inpatient) to home/self care or any other site of care with a diagnosis of Congestive Heart Failure (CHF).



DSRIP Deliverables for the remainder of DY4

The following events represent hospital deliverables for the DSRIP Program.

| DSRIP ACTIVITY – Remainder of DY4 | TIMELINE |
|---|--------------------|
| DY4 Q4 Progress Report | April 29, 2016 |
| Chart-EHR Measure Submission (2015 Annual / Jul - Dec Semi-Annual) | April 29, 2016 |
| DY5 Reapplication | April 29, 2016 |
| MMIS Measure Result Acknowledgement | Expected June 2016 |

The following events represent Department updates for the DSRIP Program.

| DSRIP ACTIVITY – Remainder of DY4 | TIMELINE |
|--|-----------------|
| Patient Attribution Roster update | February 2016 |
| Databook update (MMIS Measures) | March 2016 |

TODAY'S LC 3 & 4 PRESENTERS ARE:

**St. Mary's Hospital
Hackensack University Medical
Center**



THANK YOU



- ✓ Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than February **19, 2016**