



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

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

Welcome to the New Jersey DSRIP Learning Collaborative

October 08, 2015

New Jersey Department of Health (NJDOH)



Objectives

Review DSRIP Program Updates

- Improvement Target Goals
- Chart/ EHR Submission
 - Due October 30, 2015
- Web-based DY4 Q2 Progress Report
 - Due October 30, 2015
- Measure Results Updates
- Review of September Learning Collaborative Survey Results



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November Learning Collaborative

November's Learning Collaborative will be an open forum of questions about the approval for the ITGs. The time will be determined and an email will be forthcoming.



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Improvement Target Goals (ITGs)

- Stage 3 Improvement target goals have been approved by CMS.
- A webinar will be held in the coming weeks to review the ITGs with the hospital industry.

Chart/ EHR Submission

- Semi-annual Chart/ EHR measure results for the October 2015 reporting period will use January 1 – June 30, 2015 performance period.



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Chart/EHR Submission

- Download Standard Reporting Workbook template from NJ DSRIP website.
 - Only the semi-annual measures associated with your hospital's project will be included along with universal measures.
 - Once completed, submit workbook through the website.

The screenshot shows the NJ DSRIP website interface. At the top, it displays the Governor's name (CHRIS CHRISTIE and LT. GOVERNOR KIM GUADAGNO) and navigation links for Home, Services A to Z, Departments/Agencies, and FAQs. The main header includes the State of New Jersey Department of Health logo, a 'Logout' button, and the 'NJ Health' logo. A navigation bar contains links for DOH Home, DSRIP Home, DSRIP Hospitals, Learning Collaborative, Resources, DSRIP Program Management, and Contact Us. A dropdown menu is open under 'DSRIP Program Management', listing options: Performance Measurement, Project Management, Administration, Change Password, MMIS Measure Acknowledgement, and Measure Results. The 'Chart/EHR Submission' option is highlighted with a red box. Below the menu, the page title is 'Delivery System Reform Incentive Payment' and the main content area contains introductory text about the DSRIP program.





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Chart/EHR Submission

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 [DSRIP Home](#) |
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Welcome, Patrick Kuhlman | Role: Administrator

Chart/EHR Submission

Hospital:

Reporting Period:

Please download the Standard Reporting Workbook using the "Download Workbook" button below.
 If you have any questions please contact the NJDSRIP team at njdsrip@mslc.com.

Download Workbook

Submit Completed Workbook





Web-based DY4 Q2 Progress Report

- The DY4 Q2 Progress Report will be available for hospitals to access via the NJ DSRIP website <https://dsrip.nj.gov/> by accessing the Login button.
- Once logged on, the DY4 Q2 progress report is located under the DSRIP Program Management>Project Management tab.
- A guidance document and user guide will also be released.

GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGNO
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Delivery System Reform Incentive Pay

The Delivery System Reform Incentive Payment (DSRIP) Program is one component of the Medicaid Waiver as approved by the Centers for Medicare & Medicaid Services (CMS). The program is designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.

Hospitals may qualify to receive incentive payments for implementing quality initiatives within their community and achieving measurable, incremental clinical outcome results demonstrating the initiatives' impact on improving the New Jersey health care system.

The DSRIP program supports the Healthy New Jersey 2020 vision: "For New Jersey to be a state in which all people live long, healthy lives."

Performance Measurement
Project Management
Administration
Change Password

Progress Report
DY4 Reapplication Process



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Web-based DY4 Q2 Progress Report

- Web-based Progress Report User Guide was sent to the industry this week
- The Stage 1 and 2 Progress Report Guidance Document is available on the NJ DSRIP website for your reference
- The web-based progress report will look and function very similar to the DY4 Reapplication
- Web based Progress Report Improvements and Updates:
 - All text boxes will have a 1500 character limit
 - All text boxes will display how many characters are available to type
 - Users will be able to save progress report, then log back in and resume working on their progress report from the location last saved
 - Any designated user for the hospital will be able to log into the website and see the saved responses and files
 - Maximum size of attached files is 50 MB



Measure Results Update

- The measure results page will be updated in coordination with the rollout of improvement target goals.
- The update will include graphical views of Stage 3, Stage 4, and UPP measure results.

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The information below represents MMS 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:	Dec 2014
Project:	Extensive Patient CHF-Focused Multi-Therapeutic Model
Attribution Period:	Jan 2013 - Dec 2014
Total Attributed Patients:	
Reporting Partners:	

Pay for Performance Measures

Year	Value
Dec 2013	0.118
Dec 2014	0.099
Dec 2015	0.099

30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization

[Download Data](#)



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September Survey Review: Section IV- Observations

Suggestions to Overcome Barrier(s)

- 1. Evidence-based best practices suggest that the team should foster a strong relationship with the participant and family so that they feel comfortable in allowing educators in the home. We attempt to do so by promoting Monthly Patient & Family Asthma Support Group in the community and the FQHCs. Furthermore, the Asthma Educators are continuously following up with the participant and their family. 2. To overcome this potential barrier, we try to enroll patients prior to impatient discharge. 3. The asthma educators are conducting lunch and learn sessions at project partner sites that potential members frequently access services. 4. The asthma educators currently prior to their home evaluation visit provide the members a checklist of what will be utilized during the visit ahead of time. *Jersey City Medical Center*

Notable Success

- Most recently, we hired a pulmonary advanced nurse practitioner and along with our asthma navigator, we have a great team for following up our patients upon discharge and with the transition of care. *St. Joseph's Hospital Medical Center*



September Survey Review: Section IV- Observations

Notable Success- Continued

- Decreased readmission rate, increase compliance with metrics. *RWJ University Hospital at Hamilton*
- Team collaboration, Asthma educator certifications, community engagement. *St. Barnabas Medical Center*
- We are beginning to work more closely with community Primary Care Providers to assist their patients with education and home evaluations. *Jersey Shore Medical Center*

Lesson(s) Learned/Best practice(s)

- The acute care setting should not be not be considered the only place to recruit participants and broad community engagement is vital. The engagement of the school nurses and teachers have been a key to our success in regards to enrollment. Furthermore, it is essential to engage the family into the education process for a chance at better outcomes. Also, we learned that the advantage of using spacers instead of peak flows for those with asthma. *Jersey City Medical Center*
- We have a new EMR asthma documenting template in the ED that helps track the reasons why patients are coming back to the ED. This helps the interdisciplinary team work together to help the patient. *St. Joseph's Hospital Medical Center*



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TODAY'S LC 1 PRESENTERS ARE:

Jersey City Medical Center

St. Barnabas Medical Center



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THANK YOU



- ✓ Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than October **16, 2015**