



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)



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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 a open forum of questions about the approval for the ITGs. The time will be determined and an email will be forth coming.



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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 (CHRISTIE and 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 and a 'Logout' button. Below the header is a navigation menu with links for DOH Home, DSRIP Home, DSRIP Hospitals, Learning Collaborative, Resources, DSRIP Program Management, and Contact Us. The main content area is titled 'Delivery System Reform Incentive Payment' and contains introductory text about the program. A dropdown menu is open, showing options: Performance Measurement, Project Management, Administration, Change Password, MMIS Measure Acknowledgement, Measure Results, and Chart/EHR Submission. The 'Chart/EHR Submission' option is highlighted with a red box. A red arrow points to the dropdown menu.





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Chart/EHR Submission

GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGNO
[NJ Home](#) | [Services A to Z](#) | [Departments/Agencies](#) | [FAQs](#)

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DOH Home
DSRIP Home
DSRIP Hospitals
Learning Collaborative
Resources
DSRIP Program Management
Contact Us

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](#)



September Survey Review: Section IV- Observations

Suggestions to Overcome Barrier(s)

- We have set up a relationship with Montclair's YMCA which runs a 12 week diabetes exercise program. On 9/11 we received our first referral from that program. *Hackensack UMC Mountainside Hospital*
- In process of working with Registration department to notify Clinic staff of patients who present to Walk-in clinic and Medical Clinic who are on the Attribution list. Will introduce DM services to patients at this time. Higher likelihood of registering for programs with face to face intervention expected than with "cold" phone call. *St. Francis Medical Center (Trenton)*

Notable Success

- Cooper has continued to improve patient flow through the group visit session. Bi-weekly workflow improvement discussions are held by group visit staff. This has resulted in further discussions for amending navigation strategies and workflow improvements. Patient Satisfaction Survey completion continues to be successful. *Cooper University Medical Center*
- DSRIP program has experienced an increase in in-patient referrals from many disciplines - Case Managers, Nurse Navigators, RNs, Registered Dietitians. *Kennedy University Hospital*



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September Survey Review: Section IV- Observations

Notable Success- Continued

- Our enrollment has doubled. *St. Luke's (Warren) Medical Center*

Lesson(s) Learned/Best practice(s)

- We learned that while it may be difficult to meet with residents given their time constraints, they can be crucial to program development. As a result of our communications with interested residents, several of them who are working on a Performance Improvement committee have selected adherence to evidence based guidelines for diabetes and hypertension care and increased referrals to the DSRIP program as one of their quality improvement projects. *St. Michael's Medical Center*
- Collaboration of multi-disciplinary internal teams helps to forward the goals and objectives of the macro project; likewise external collaboration with community partners, local health departments and other hospitals in the community helps to provide an outside perspective to the picture and bring together efforts for the same final objectives- providing better care and improve the quality of care to all patients. *Virtua-Memorial Hospital of Burlington County, Virtua- West Jersey Health System*
- We recently developed an IT system that notifies our department if any of the 31,700 attributed patients receive care from the emergency department or hospital. We then reach out to the patient to enroll or care manage. *AtlantiCare Regional Medical Center*



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TODAY'S LC 5 PRESENTERS ARE:

Cape Regional Med Center

University Medical Center at Princeton



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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**