



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

September 10, 2015

2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)



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WELCOME

**Please hold all questions
until the end of the presentations.
Thank you.**



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Objectives

- Review DSRIP Program Updates
 - DY4 Q1 Progress Report Overview
 - NJ DSRIP Website Portal Updates
 - Review of July Learning Collaborative Survey Results
 - Future Deliverables
- Presentation: Data Collection and Accuracy to Support Performance Improvement
 - Jason McNamara, Myers and Stauffer LC
- Learning Collaborative Discussion topic: Data Accuracy and Collection
 - Successes
 - Hospital discussion and support



DY4 Q1 Progress Reports – Overview

- All of the progress reports have been submitted to CMS for review
- **State findings:**
 - Confusion on calendar year versus demonstration year; Hospitals listing time period of April 1- June 30, 2015 as Q2 rather than Q1.

DY4	Quarter	Time period
DY4	1	April 1- June 30, 2015
DY4	2	July 1- Sept 30, 2015
DY4	3	Oct 1- December 31, 2015
DY4	4	Jan 1- March 31, 2016

- Quarterly progress reporting is based on the experience period noted in the Funding and Mechanics Protocol.

Example: Budget reporting for DY4 Q2. For current quarter, report the budget and actual expenditures for July 1- Sept 30,2015; For the original or “Year to date” budget and actual expenditures you will report for the time period of April 1- Sept 30, 2015.



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DY4 Q1 Progress Reports – Overview

○ State findings -*Continued*:

- Instances where the supporting documentation was referencing the previous quarter. Supporting documentation provided must reference the correct time period.
- Not all referenced attachments provided with progress report submission.
- Protected Health Information (PHI) must **not** be included in submitted documentation. If PHI is received, the hospital will be notified and responsible to redact the documentation and resubmit to the NJ DSRIP team.



DY4 Q1 Progress Reports – Overview

○ State findings -*Continued*:

- Work Accomplished With External Partner
 - Every quarter, the hospital is required to provide a summary of work accomplished with partners that help your hospital and your patients achieve the aims of the DSRIP
 - Reporting on work with external partners is a requirement of the Funding and Mechanics Protocol (see page 17)

REMINDER

CMS wishes to incent hospitals to:

- Support stronger partnerships between existing inpatient and outpatient providers who care for Medicaid patients
- Develop NEW partnerships



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DY4 Q1 Progress Reports – Overview

○ State findings *-Continued*:

- Hospital narrative summaries provided for stakeholder engagement and activities and rapid-cycle evaluations used for improvement were very similar as documented for the previous quarter.
- Activity 14 – Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures
 - For activity 14 provide documentation on the education/training performed for new and/or existing staff for the quarter
Example: The project leadership determines that a new patient enrollment form should be utilized for the project. The intake coordinators enrolling the patients to your DSRIP program are trained on how to complete the new patient enrollment form.



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DY4 Q1 Progress Reports – Overview

○ State findings -*Continued*:

- Activity 15 - Project Staff Evaluation/Assessment
 - Documentation for the activity should show that you are assessing the staffing needs of your DSRIP project
 - Your hospital should be assessing if you have the right staff engaged in your project to meet the goals and objectives of your DSRIP project.

- Activity 6 - Provide feedback to the Learning Collaborative (LC).
 - 2 minimum submission requirements
 - ✓ Documentation supporting participation with the New Jersey Learning Collaborative such as as copies of correspondence and meeting attendance/attendees
 - ✓ Summary of Learning Collaborative engagement and results
Examples of documentation to provide: copies of completed LC survey, a copy of presentation given during LC, copies of correspondence demonstrating sharing of information learned from collaboration with other hospitals



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NJ DSRIP Website Portal Updates

- The 2014 MMIS-calculated performance measure results and the 2014 Chart/ EHR performance measure results were made available for viewing and download on the Measure Results page on 8/6/2015.
- Future web portal release schedules include:
 - Graphical view of results and drill down tables on performance measure elements
 - Upload capability of Standard Reporting Workbook
 - Submit future Stage 1 and 2 progress reports
 - Measure substitution page – contingent on IGT approval (remains outstanding with CMS)



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July Survey Review: Section IV- Observations

Suggestions to Overcome Barrier(s)

- “The verification of patient data using Outpatient Electronic Medical Record, Billing System, Hospital Electronic Medical Record and now the Camden County HIE, although time consuming, has increased the number of patients reached. In addition, Kennedy has implemented changes in their registration system to capture more accurate data upon admission which is resulting in improvements on a rolling basis.” – *Kennedy University Hospital*
- “While some solutions have been more short term, advance training of new staff has shown the most promise in advancing the utilization of the software tool.” – *Bergen Regional Medical Center*

Notable Success

- “The project has been involved in the hospital's establishment of a weekly Farmer's Market. The Spanish-speaking Diabetes Education class now ends at the Farmer's Market with a cooking demonstration and the opportunity to buy fresh, affordable and locally-grown produce.” – *St. Michael's Medical Center*
- “The APN who visits patients at their homes reported that her intervention has prevented a few patients who have an history for frequent hospitalization from visiting the hospital. Frequent communication with the patients, collaborating with physicians and having medication doses increased made a difference.” – *St. Peter's Medical Center*



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July Survey Review: Section IV- Observations

Notable Success- Continued

- “We have increased our rate of diabetic eye exams by partnering with the NJ Commission for the Blind. The past quarter improvement has been 3% and operating at 40% of our patients have completed diabetic eye exams.” – *Atlanticare Regional Medical Center*
- “We are looking forward to the start of the 3rd semester of our after school wellness program. We completed our After School Wellness program in two schools. Each school had two 12 week programs. We have shown improvement in BMI, nutritional knowledge, and aerobic fitness.” – *Capital Health Medical Center Hopewell*

Lesson(s) Learned/Best practice(s)

- “Visits to such organization as the Boys & Girls Club provided us with an unexpected opportunity. We not only taught the staff how to care for the club members with asthma, but ended up teaching them about proper self-care and what good asthma control is. Helped them find resources to better care for themselves.” – *Jersey Shore Medical Center*
- “Lesson Learned: Working with patients to determine the correct balance of outreach (phone calls, community visits, etc.) so it complements their personal wellness goals and keeps them engaged but does not overwhelm them.” – *Monmouth Medical Center /Monmouth Medical Center – Southern Campus*



DSRIP Deliverables for the remainder of 2015

The following events represent hospital timelines for the DSRIP Program. Unless otherwise specified, denoted dates throughout the document refer to calendar days and any specified date that falls on a weekend or holiday is due the prior business day.

DSRIP ACTIVITY – Remainder of 2015	TIMELINE
October Learning Collaborative – Webinar	October 8, 2015
DY4 Q2 Progress Report	October 31, 2015
Stage 3 and Stage 4 Performance Measure reporting (Semi-Annual Measures)	October 31, 2015
Possible Department on-site visits to see project implementation in action	2015
November Learning Collaborative – Webinar	November 12, 2015
December Learning Collaborative – On-site at NJHA	December 10, 2015



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October 8, 2015 LC Presenters are:

LC 1 Presenters

- Jersey City Medical Center
- St. Barnabas Medical Center

LC 2 Presenters

- Bergen Regional Medical Center
- Inspira Medical Center- Elmer

LC 3 & 4 Presenters

- Our Lady of Lourdes Medical Center
- Englewood Hospital and Medical Center
- Bayonne Medical Center

LC 5 Presenters

- Centrastate Medical Center
- Cape Regional Medical Center
- University Medical Center at Princeton



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Topic:

Data Collection and Accuracy to Support Performance Improvement

Speaker:

Myers and Stauffer LC

Jason McNamara

Jason is serving as the Director of Healthcare Technology Services for Myers and Stauffer LC. Prior to Myers and Stauffer LC, Jason served as the Senior Technical Director for Medicaid IT at the Centers for Medicare & Medicaid Services (CMS). Over the last 5 years with CMS, Jason has help lead every major Medicaid IT Initiative directly related to the advancement of the Medicaid enterprise – both at the state and federal level.



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THANK YOU



- ✓ Sign an attendance sheet before leaving today
- ✓ Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than **September 18, 2015**

GROUP DISCUSSION SESSION