Welcome to the New Jersey DSRIP Learning Collaborative

June 11, 2015
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)

WELCOME

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

Topic:

New Jersey DSRIP Learning Collaborative

Speaker:

America's Essential Hospitals
Janelle Schrag, MPH

Ms. Janelle Schrag serves as Research Associate for America's Essential Hospitals. In this role, Ms. Schrag develops and executes research projects, produces research briefs and other publications, and provides technical support on research proposals. Her work is primarily focused on population health, health equity, and delivery system reform in settings that serve low-income, vulnerable patients.

As Research Associate, Ms. Schrag works closely with policy and performance improvement staff at America's Essential Hospitals in support of the organization's Medicaid waiver initiatives. Specifically, she assisted in the facilitation of Massachusetts' DSTI Learning Collaborative, and has been involved in the planning for its continuation. Additionally, she has contributed to a number of publications and education programs related to delivery system transformation and Medicaid waivers.

Before joining America's Essential Hospitals in 2013, Ms. Schrag interned with the National Health Service, in London, where she conducted a cost-effectiveness evaluation of local substance abuse treatment facilities. Ms. Schrag earned her bachelor's degree in biology from Northwest University, in Washington State, and her master of public health from King's College London.

Objectives

✓ Review DSRIP Program Updates

- DY3 Q4 Progress Report Overview
- Standard Reporting Workbook and Data Reporting Plan Overview
- NJ DSRIP Website Portal Updates
- Demonstration Year 4 (DY4)
    - Submission Expectations
    - Funding
    - Performance Measures
- Improvement Target Goals (ITGs)
- Enhanced Reporting Partners
- Review of May Learning Collaborative Survey Statistics

✓ Presentation

- America's Essential Hospitals

✓ Session discussion topic: Patient Engagement- Bringing them into your projects

- Successes
- Hospital discussion and support

DY3 Q4 Progress Reports – Overview

o   All 50 progress reports were submitted timely
o   All of the progress reports have been submitted to CMS for review this week and you should be receiving a confirmation email stating the report was submitted to CMS

DY4 Re-Applications – Overview

o   Meadowlands Hospital Medical Center has chosen not to remain in the program starting in DY4
o   There are now a total of 49 hospitals participating in the program
o   Re-application confirmations will be sent to the Industry in the next two weeks

Standard Reporting Workbook (SRW) and Supporting Data Reporting Plan (DRP) – Overview

- o 49 reports were submitted timely
  - ▪ One hospital was not able to report two Stage III measures
  - ▪ One hospital was not able to report two Stage IV measures
- o All of the progress reports have been submitted to CMS for review this week and you should be receiving a confirmation email stating the report was submitted to CMS
- o Requests for DRP updates were sent to several hospitals as to confirm reporting capabilities to services provided as well as UPP substitution measure capture. No further outreach expected to be sent to hospitals.

- ✓ The next SRW will be due October 31, 2015. A Webinar will proceed this submission to help answer semi-annual reporting questions.

NJ DSRIP Website Portal Updates

New Jersey Medicaid Management Information System (MMIS) Measurement Results

o Refer to the NJ DSRIP MMIS Measurement Results Acknowledgement Guidance document and email sent to the Industry this month.

o The purpose of this portal is:
  - ✓ To present calculated results from the individual hospitals data
  - ✓ To give the hospital an opportunity to Acknowledge the data
  - ✓ To give the hospital an opportunity to download a table of their results

o Reminder, by submitting the MMIS Measurement Results Acknowledgement form, **BY JUNE 15 2015**, you are acknowledging that you have received the **2013** Stage 3 and Stage 4 MMIS calculated measure results. Submitting the Measurement Results Acknowledgement informs the Department that you have received the measure results.

o **2014** Stage 3 and Stage 4 MMIS calculated measure results will be available later this summer.

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Hospital: General Hospital ▼   Submit
Performance Period: 2013 ▼
Results To Be Viewed: Both ▼

The information identified below represents 2013 Stage 3 and/or Stage 4 MMIS calculated measure results. These results have been provided for your review. To download the tables please select the "Download Chart" button located above each individual table. Before leaving this page, please ensure you have provided acknowledgement of the results by selecting the "Submit Acknowledgement" button located on the bottom right of this page.

Project Name: Extensive Patient CHF-Focused Multi-Therapeutic Model

Stage 3 MMIS Data Calculation Results

Download Chart

Show 50 ▼ entries   Search: _____

Project Code	DSRIP #	Measure Name	Stratification	Performance Period	Num	Denom	Results	Type
7	1	30-Day All-Cause Readmission Following Heart Failure (AMI) Hospitalization		2013				
7	3	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization		2013				
7	45	Heart Failure Admission Rate		2013				

Showing 1 to 3 of 3 entries   Previous 1 Next

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Project Name: Extensive Patient CHF-Focused Multi-Therapeutic Model

Stage 4 MMIS Data Calculation Results

Download Chart

Show 50 entries   Search:

Universal Code	DSRIP #	Measure Name	Stratification	Performance Period	Num	Denom	Results
2	62	Mental Health Utilization	Under 18/Inpatient	2013			
2	62	Mental Health Utilization	18-64/Inpatient	2013			
2	62	Mental Health Utilization	65 and Over/Inpatient	2013			
2	62	Mental Health Utilization	Under 18/Outpatient	2013			
2	62	Mental Health Utilization	18-64/Outpatient	2013			
2	62	Mental Health Utilization	65 and Over/Outpatient	2013			
11	41	Follow-up After Hospitalization for Mental Illness 7 days post discharge		2013			
12	38	Engagement of alcohol and other drug treatment		2013			

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Demonstration Year 4 (DY4) Expectations

- ✓ DY4 Q1 Progress Reports will be due to the Department by July 31, 2015

- ✓ Progress Reports supporting Stage I and Stage II
  - o 50% of the annual funding
  - o Quarterly submissions; July & October 2015, January & April 2016

- ✓ Standard Reporting Workbook, Stage III and Stage IV performance measure reporting
  - o Stage III is 35% of the annual funding and is pay for performance (P4P)
  - o Stage IV is 15% of the annual funding and is pay for reporting (P4R)
  - o Hospitals performance measure, chart/ EHR, submissions
    - October 31, 2015 and April 30, 2016
    - <u>All</u> out-patient performance measures are to be reported in April 2016

Funding by Demonstration Year

Stages Description	Payment Mechanism	DY3	DY4	DY5
Stages 1 Project Activities – investments in technology, tools, and human resources that will strengthen the ability of providers to serve populations and continuously improve services Stage 2 Project Activities – piloting, testing, and replicating of chronic patient care models	Pay for Achievement	75%	50%	25%
Stage 3 Quality Improvements – clinical performance measures that involves the measurement of care processes and outcomes that measure the impact of Stage 1 and 2 activities; number of measures varies by project	Pay for Reporting	15%		
	Pay for Performance		35%	50%
Stage 4 Population Focused Improvements – clinical performance measures that include reporting performance on measures across domains of care; 45 universal measures unless the service is not offered	Pay for Reporting	10%	15%	25%

Universal Performance Pool

DY3	DY4	DY5
10%	15%	25%

Prepared by Myers and Stauffer LC

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Demonstration Year 4 Expectations *- continued*

✓ Universal Performance Pool (UPP)
- o UPP carve out is 15%
- o There are 12 Stage IV measures that the hospital needs to maintain, or improve on
  - Chart/EHR DSRIP #'s: 21, 23, 37, 47, 63, & 74
  - MMIS DSRIP #'s: 8, 14, 32, 36, 45, & 67

✓ Possible Stage III Substitution Measures
- o If a hospital's Stage III pay for performance (P4P) baseline year performance exceeds the baseline performance threshold, replacement options will need to be made by the hospital. (Webinar 9: Performance Measurement, starting on page 8)
  - Procedures for making hospital selection for substitution criteria will be communicated upon CMS approval of the ITGs
- o The process and choice/options of substitution measures will be communicated and training will be provided at that time
- o Stage IV pay for reporting (P4R) <u>does not</u> require substitution

Performance Measure Requirements – Baseline Threshold

➢ **Baseline Performance Threshold –** It is the expectation that a hospital will select a project for which substantial need for improvement in the Focus Area is reflected;

- For each Stage III P4P metric, a performance threshold will be established using baseline data to determine if substantial improvement is achievable.

- The lower of 20 percentile points below the metric's high performance level (improvement target goal), based on New Jersey hospital's data, *or*

- 20 percentile points below the 95th percentile of national performance data, if national data is available for the low income population

Example:

Improvement target goal = 90th percentile

Baseline performance threshold =
90th percentile – 20 percentile points = 70th percentile

Metric Improvement Target Goal

Baseline Performance Threshold

Hospital Metric Baseline
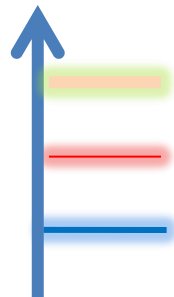
Enhanced Reporting Partners for DY4 — *Optional*

- ✓ <u>Does NOT</u> have an existing employment, relationship or ownership with the hospital/ hospital system during DY3 period

- ✓ <u>Is NOT</u> a hospital-based clinic that bills under the hospital's provider identifier with specified **revenue codes 510 – 519**

- ✓ Data Use Agreement, or other formal data sharing arrangement, in place by **July 1, 2015** and notification submitted to the Department
  - Reporting/verification of current reporting partners will be accommodated via the NJ DSRIP website portal, training will be provided at that time

- ✓ New partner will be added to the attribution model for purposes of identifying and linking patients to a hospital for DY4 measurement.
  - ITGs <u>will not</u> be reset

- ✓ Eligible for the Incentive Provision:
  - If out- patient volume is ≥ 1,000 of unique NJ DSRIP Low Income patients
  - For hospitals that meet the incentive provision, Stage III P4P Improvement Gap Reduction will be modified from a required 10% to 8%

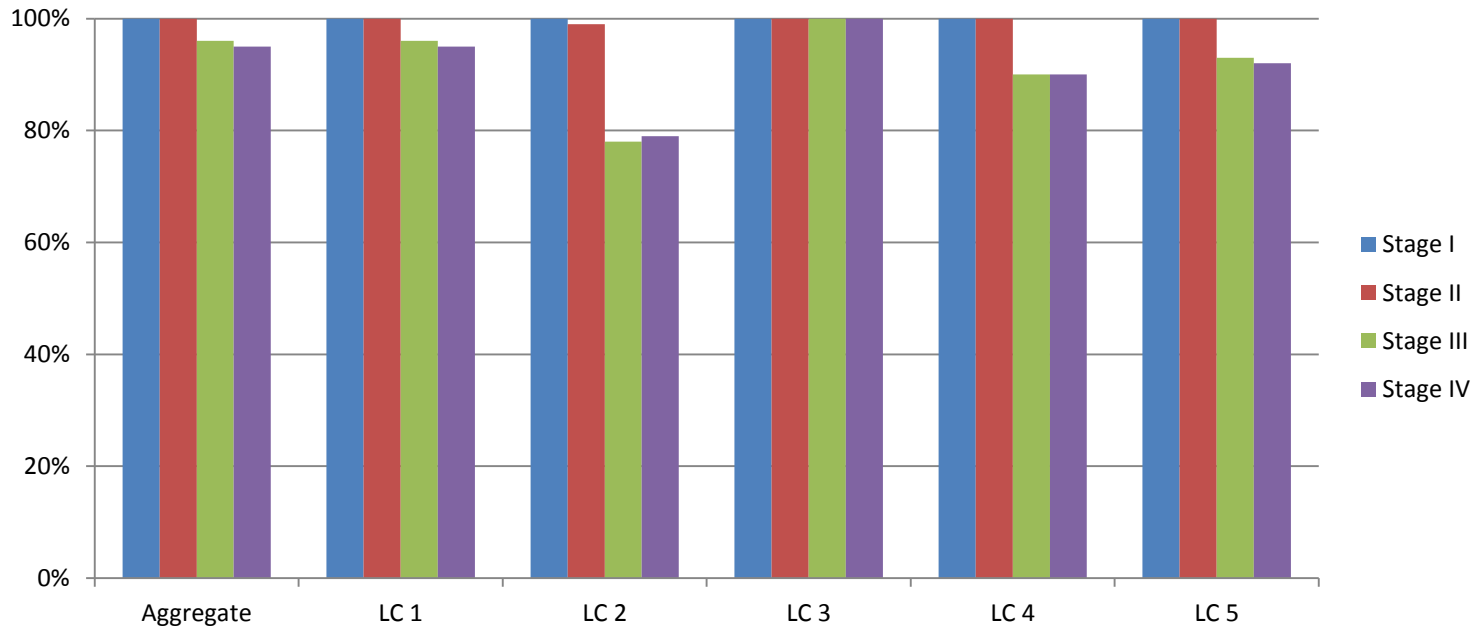# Learning Collaborative- Aggregate Over Time

➢ Section II: Project Implementation- *Percentage of Stage Completion*
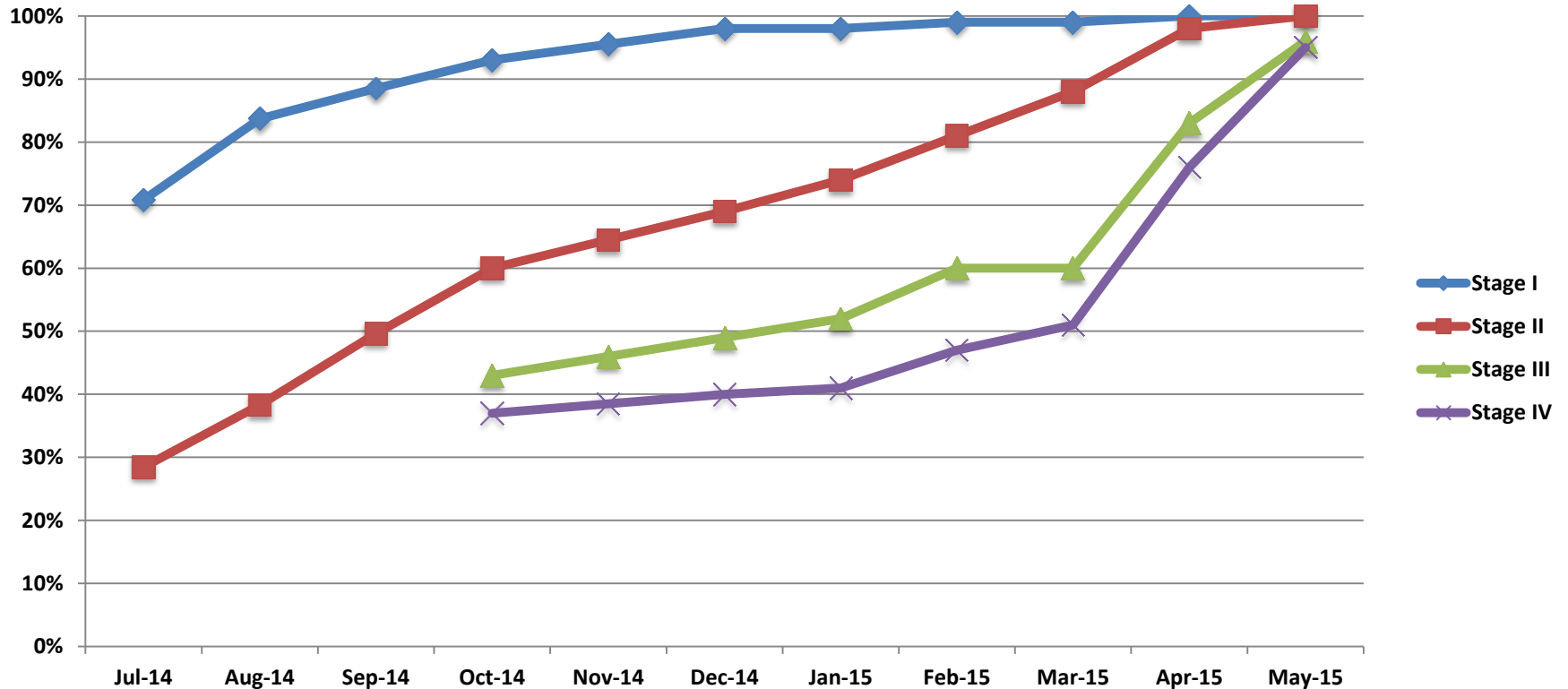
LC Survey Review: May 2015 Comparison

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

*Aggregate denominator 48, one hospital did not submit a survey

Survey Review: April- May 2015 Program Enrollment

> ➢ Section IV: Project Implementation- *Observations*

- Aggregate information from 48 of the 49 hospitals
- Continued outreach and enrollment into the NJ DSRIP projects is an important component to the waiver and impacts Stage III measure denominators.
  - Total enrolled for April: 5,132
  - Total enrolled for May: 1,197; difference from previous month most likely due to better understanding of entry request by hospitals, will continue to trend
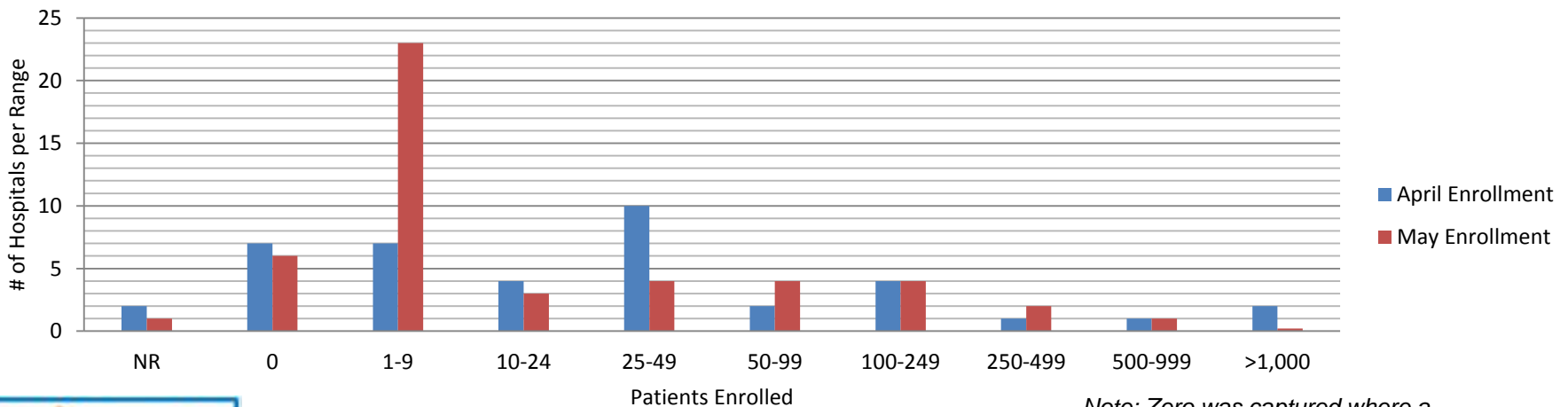
Note: Zero was captured where a "0" was entered into the survey.
NR= Not Reported

May Survey Review: Section IV- Observations

Suggestions to Overcome Barrier(s)

- "Patient satisfaction surveys has been noted as an area of review before future internal project meetings. Other hospitals in our Learning Collaborative prove to be great references for dealing with funding sources and extended wait times for IP treatment vacancy." *Inspira Medical Center- Elmer/ Vineland/ Woodbury*

- "We are working on adding the following question into the nursing initial admission assessment completed by the staff nurse: "Does the patient have a history of or current diagnosis of AMI and/or CHF?" If the nurses check the yes box, it generates an trigger to the DSRIP team via our inpatient EMR." *East Orange General Hospital*

- "We have learned to continue to enroll in every portal of the health care continuum." *Atlanticare Regional Medical Center*

- "We have recently been approved an additional 3.0 FTE to join our DSRIP staff, due to our increasing volume of clients." *St. Clare's Hospital- Denville*

- "We changed our census where the CDI nurse enters the preliminary ICD-9 codes on the census based on their findings in the patient's charts. That allows us to capture CHF and AMI patients that have a different admitting diagnosis such as AMS or syncope." *East Orange General hospital*

May Survey Review: Section IV- Observations

Notable Success

- "152 pediatric members enrolled. Eighth Patient & Family Asthma Support group completed with great turnout each month. Also, the PCAM program hosted an Asthma Day Awareness on May 5, 2015 which also had a great turnout. Lastly, we have announced our Asthma-related scholarships and will be presenting to the students at their schools." *Jersey City Medical Center*

- "Cooper's participation in the South Jersey Collaborative has proved highly beneficial in working towards best practices and increased sharing of knowledge on DSRIP topics and population health management.   Have continued to improve patient flow through the group visit by directly handing a second signature reminder card to the provider that signals the necessity of second signatures on lab/medication orders. Have seen the highest number of patients (34) so far for a single 4 hour Group Visit session." *Cooper Hospital/ UMC*

Lesson(s) Learned/Best practice(s)

- "Our assessment process has become more reliable and statistically data driven through the use of structured tools." *Bergen Regional Medical Center*

- "We were able to streamline the transport process of the Medicaid patients by using our own transport service at Capital Health. We also learned how to assist our low income population patients access to insurance through Adreima." [http://www.adreima.com/] *Capital Health Reg'l Med Center*

- "The importance of follow-up calls in reinforcing education and helping patients address any obstacles they face after discharge." *Newark Beth Israel Medical Center*

July 9, 2015 LC PRESENTERS ARE:

LC 1 PRESENTERS

– St. Joseph's Regional Medical Center

– RWJ University Hospital at Hamilton

LC 2 PRESENTERS

– Trinitas Regional Medical Center

– Monmouth Medical Center-Southern Campus

LC 3 & 4 PRESENTERS

– Newark Beth Israel Medical Center

– St. Mary's Hospital

– Palisades Medical Center

LC 5 PRESENTERS

– Kennedy University Hospital

– St. Michael's Medical Center

– Cooper Hospital/ University Medical Center

Q & A

THANK YOU

✓ <u>Sign</u> an attendance sheet before leaving today

✓ Complete and email the <u>survey</u> for this LC meeting, located on the NJ DSRIP website, no later than **June 19, 2015**

~ Brief Break ~

GROUP DISCUSSION SESSION