



STATE OF NEW JERSEY
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The mission of the Department of Health is to improve health through leadership and innovation.

Welcome to the New Jersey DSRIP Learning Collaborative

March 12, 2015
1:30 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
 - 2015 Timeline of Activities
 - Performance Measurement
 - DY3 Findings and DY4 Progress Report Recommendations
 - Review February Learning Collaborative Survey Statistics
 - Identify April Learning Collaborative hospital presenters
- ✓ DY4 Annual DSRIP Application Renewal and NJ DSRIP Website Log-in Process
- ✓ Presentations
 - South Jersey DSRIP Collaborative #5
 - Bergen Regional Medical Center
- ✓ Hold break-out sessions by project area/ Learning Collaborative
 - Discuss key terms and movement to implementation
 - Continue peer-to-peer networking support





High Level Activities Timeline for 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.

Next 3 months

- **March 31**
 - All Stage II Activities 1, 2 & 3 must be completed
- **April 9**
 - Learning Collaborative updates by hospitals
- **April 30**
 - DSRIP Re-Application
 - DY3 Q4 Progress Report
 - Stage III and Stage IV Performance Measure reporting
- **May 14**
 - Learning Collaborative updates by hospitals
- **June 11**
 - Learning Collaborative quarterly on-site meeting

Remainder of the year

- **July 31**
 - DY4 Q1 Progress Report
- **October 31**
 - DY4 Q2 Progress Report
 - Stage III and Stage IV Performance Measure reporting
- Possible Department on-site visits to see project implementation in action



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Performance Measurement

- ✓ Final Attribution Patient Rosters were sent to the Industry on February 21, 2015
- ✓ Stage III and Stage IV Performance Measure Reporting:
 - Completed chart/EHR Standard Reporting Workbook due to be submitted via the FTP on April 30, 2015
- ✓ Quality and Measures Committee (QMC) met to determine Improvement Target Goal (ITGs) and baseline performance threshold recommendations
 - Recommendations have been sent to CMS



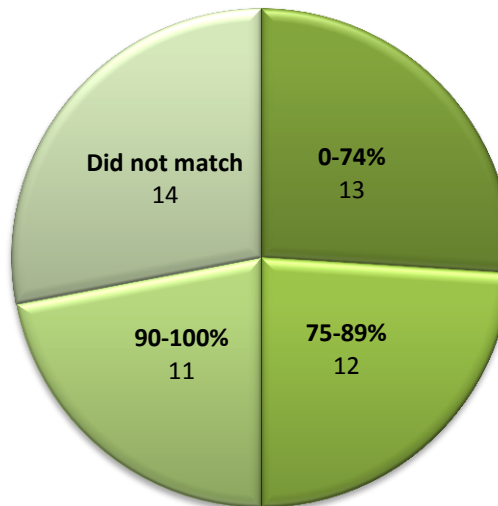


Preliminary Patient Attribution Match Rates:

Medicaid/CHIP & Charity Care

- 72% (36 hospitals) attempted to match their preliminary attribution patient list
- 22% (11 Hospitals) had 90%, or better, match rates
- 28% (14 hospitals) did not submit a match rate or stated they were waiting on the final attribution roster to begin their matching

Match Rates





DY3 Q3 Progress Reports – Overview & Findings

OVERVIEW:

- All reports were submitted timely.
- The majority of the reports have been submitted to CMS for review; the State continues to work on the remaining reports.
- You will receive a confirmation email once your report is submitted to CMS.
- Remember, those reviewing the Progress Reports may not understand all abbreviation references use. Please explain/define within your submissions to decrease the possibility of requests post review.

FINDINGS:

- Confusion on who external project partners are and why they are needed.
 - This is not limited to reporting partners. Hospital needs to describe how they are working with partners to met the goals and objectives of their DSRIP project.
 - CMS wishes hospitals to support stronger partnerships between existing inpatient and outpatient providers who care for Medicaid patients and develop NEW partnerships.



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DY3 Q3 Progress Reports – Overview & Findings

FINDINGS CONTINUED:

- Stage I, Activity 15 (S1A15) - *Project Staff Evaluation/Assessment*
 - We found there is still confusion on what to document to support achievement of this quarterly activity.
 - Documentation for the activity should show that you are assessing the staffing needs of your DSRIP project. Do you have the right staff engaged in your project to meet the goals and objectives of your DSRIP project?
 - Documentation for this activity should NOT include employee evaluations conducted for Human Resources. Please do not send individual evaluation performed (e.g. Nurse Jansen is performing well in her assigned duties).
 - For the Minimum Submission Requirements the hospitals should provide a list of project staff members. While you can provide the name of your team member, the important data point is the position itself (e.g. Care Navigator, Social Worker).
 - When documenting if a staff member should be retained for project and the rationale for the decision to retain, please document the need for the position. *Example*: We will continue to utilize social worker services provided 30 hours per week as we have found this to be invaluable in assisting our DSRIP patients with accessing various community resources.



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DY3 Q3 Progress Reports – Overview & Findings

FINDINGS CONTINUED:

- Stage II Activity 1 (S2A1) – Pilot program started - *What does “pilot” mean?*
 - The pilot is when the initial execution of your project interventions to your targeted patient population. This is the period of time where you are testing your selected interventions.
- Stage II Activity 2 (S2A2) - Evaluate pilot program and re-engineer and/or re-design based on pilot results.
 - During the pilot phase, the hospital will evaluate and initiate adjustments and redesign of program as needed
- Stage II Activity 3 (S2A3) Initiate program protocols and interventions for entire population. - *What does “entire population mean”?*
 - Full implementation means your hospital has completed the pilot, evaluated your pilot, and have completed making any necessary changes/redesign (if needed). The expectation is you will roll out your project to your targeted patient population as outlined in your application and subsequent reports.
- Stage II Activity 4 (S2A4) Ongoing monitoring of program outcomes
 - Monitoring and trending of information needs to be directly related to your project and interventions to the population. It is in addition to the Stage III and Stage IV performance measure reporting.
 - Tracking in excel or graphic representation over time is preferable.



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DY3 Q4 Progress Reports – Points of Interest

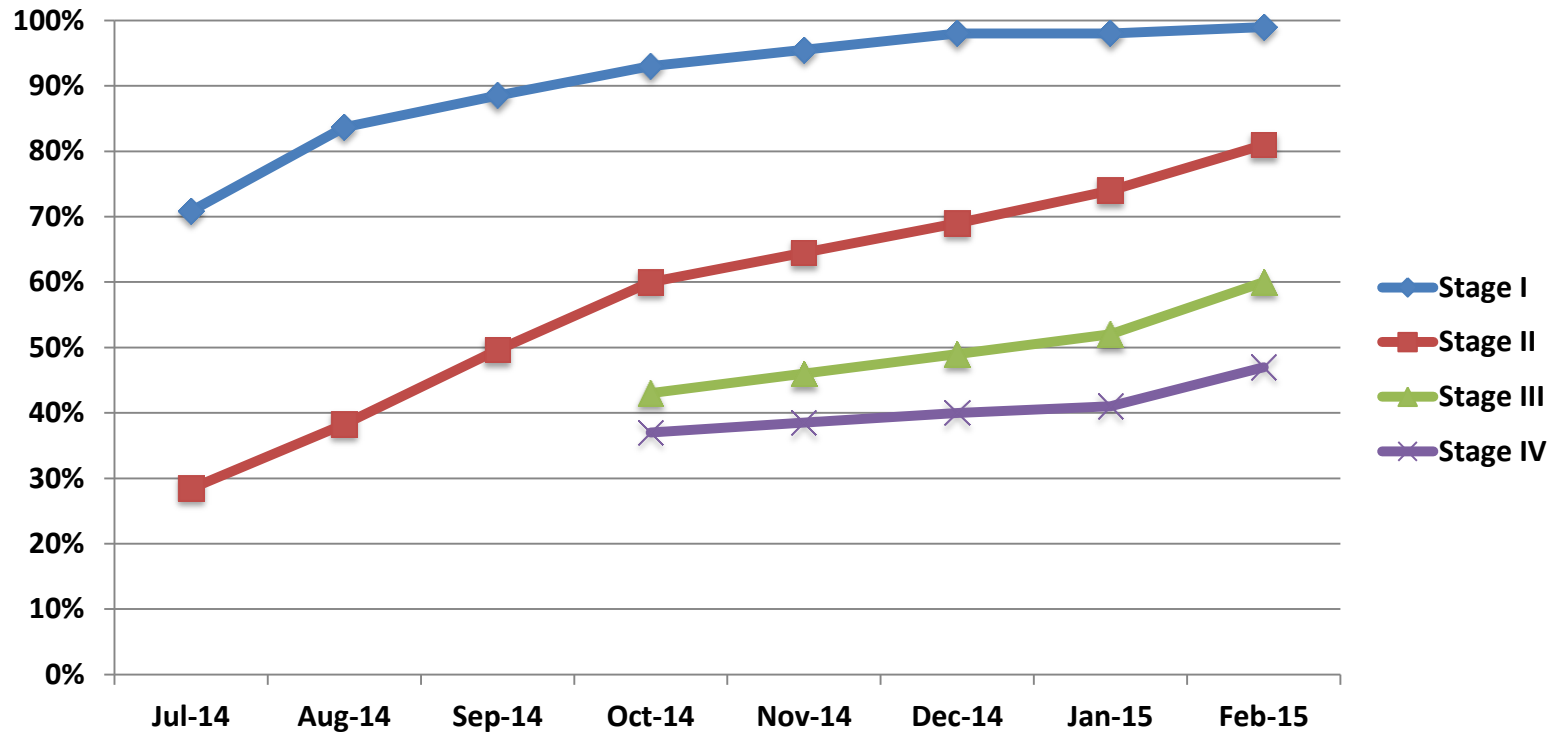
- Quarterly Activity Documentation Reminders
 - Confirm every quarter that each minimum submission bullet is addressed to satisfy CMS review expectations. The date you completed a quarterly activity must be present in the supporting documentation.
 - Quarterly activities can only be a status of “Completed” or “Not Completed”; If you list a quarterly activity as “Not Completed”, you are indicating work on this activity was not achieved for the quarter. In these cases, the funds allocated for the activity in the quarter under review are forfeited.
 - Stage I Activity 13 (S1A13) Conduct patient satisfaction – document if an incentive was offered.
 - Stage I Activity 14 (S1A14) Conduct staff education/training – document each quarter what the plan will be for educating/training staff that were absent.
 - Stage I Activity 15 (S1A15) Project Staff Evaluation/Assessment – If no additional staff members have been identified as required for the project, please indicate this.
 - Stage II Activity 6 (S2A6) Provide feedback to the learning collaborative – Please provide a summary of Learning Collaborative engagement and results.





Learning Collaborative- aggregate over time

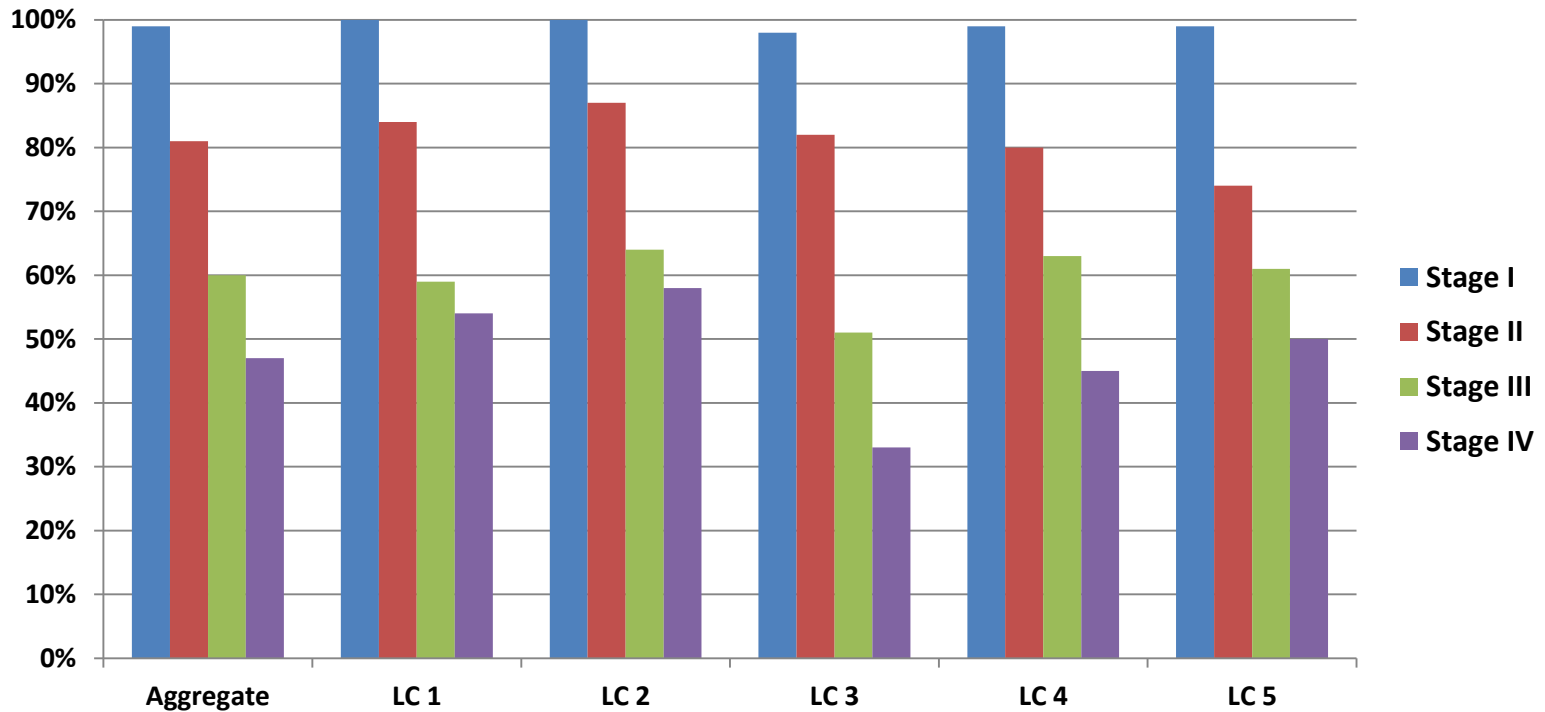
➤ Section II: Project Implementation- *Percentage of Stage Completion*





LC Survey Review: February 2015 comparison

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

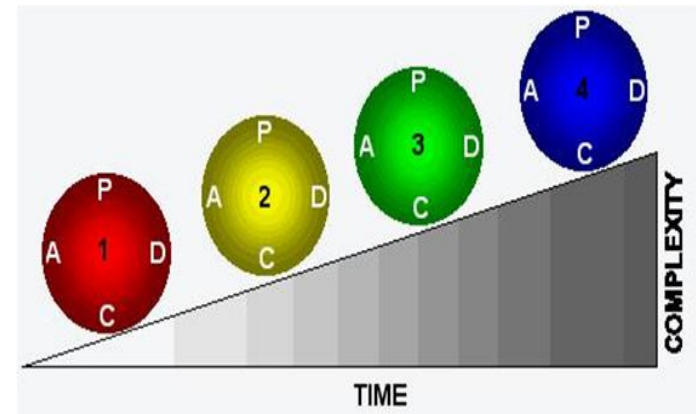




February Learning Collaborative Surveys

Question 4 – “What stage of the PDSA/PDCA cycle would you consider your project to be in?”

Cycle Stage	Number of Hospitals (50)
Plan	1
Do	14
Study	14
Act	20



How many rapid cycle improvements have you done so far?



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February Survey Review: Section IV- Observations

Implementation Challenge(s)

- SF-36 Patient Assessment Scoring in real-time and lower than expected patient volume. *Kimball Medical Center & Monmouth Medical Center*
- The challenges include identifying patients that meet criteria for the DSRIP program, covering the cost of medications for charity care patients, providing transportation to doctors' visits for charity care patients, patients refusing to participate in the DSRIP program and approve home visits, and patients with substance abuse problems. **We would like suggestions from the Learning Collaborative.** *East Orange General Hospital*
- Securing an electronic data sharing agreement with potential project partners. *St. Barnabas Medical Center*
- Are there other hospitals in other parts of the state who are using HIE to track the readmissions of their attributed patients? **We would like feedback from the Learning Collaborative.** *Our Lady of Lourdes Medical Center*

Suggestions to overcome barrier(s)

- We are currently running two PDSA cycles to address these challenges. We've expanded our referral sources and begun receiving patients from the identified programs. We have a temporary work around in place to address our assessment scoring. *Kimball Medical Center & Monmouth Medical Center*
- We decided to change name of the service from "Home Evaluation" to "Environmental Housecall" to avoid skeptical association. Communicating positive outcomes from partnership with public school nurses to private schools. *Jersey City Medical Center*





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February Survey Review: Section IV- Observations

Notable Success

- Initial identification of appropriate patients for DSRIP has increased from about 25% to 90% so that we may begin to follow the patients earlier. *Clara Maass Medical Center*
- We have seen a decrease in A1Cs. *Centrastate Medical Center*
- Fast-tracking has been successfully implemented in the group visits. Revised patient satisfaction surveys now include visual cues (smiley faces) and have been reworded to address lower literacy populations. Patients seem to be less confused with these surveys. *Cooper University Health Care*

Lesson(s) Learned/Best practice(s)

- Medication reconciliation uncovered discrepancy regarding OTC medications if hard prescription not given to patient. *Lourdes Medical Center of Burlington County & Our Lady of Lourdes Medical Center*
- Helpful to learn through the Learning Collaborative that other programs are experiencing the same challenges in relation to enrollment volumes and willingness of people to commit to the program. *Newark Beth Israel Medical Center*
- Collaboration with South Jersey hospitals (SJ) to overcome barriers and improvise efforts. *Virtua-Memorial Hospital of Burlington County*





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APRIL 9, 2015 LC PRESENTERS ARE:

LC 1 PRESENTERS

- ST. BARNABAS MEDICAL CENTER
- RWJ UNIVERSITY MEDICAL CENTER AT HAMILTON

LC 2 PRESENTERS

- MONMOUTH MEDICAL CENTER
- ST. CLARE'S- RIVERSIDE MEDICAL CENTER DENVILLE

LC 3 & 4 PRESENTERS

- RARITAN BAY MEDICAL CENTER
- HOBOKEN HOSPITAL CENTER
- MEADOWLANDS HOSPITAL MEDICAL CENTER

LC 5 PRESENTERS

- ATLANTICARE REGIONAL MEDICAL CENTER
- ST. FRANCIS MEDICAL CENTER (TRENTON)
- MEMORIAL HOSP OF BURLINGTON COUNTY (Virtua)





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Demonstration Year 4 Annual DSRIP Application Renewal

- ✓ Due to the Department on April 30, 2015
- ✓ Includes (*refer to the NJ Funding and Mechanics Protocol page 16*):
 - Hospital's notification of intent to continue in the DSRIP Program in DY4
 - Indication of any changes or modifications that are required to be made to the DSRIP Plan in order to continue participation
 - ❖ Hospital would describe any changes made to their plan after it was approved by the State and CMS.
 - Annual Status Report outlining the hospital's progress in the current demonstration year
 - ❖ Hospital to describe the achievement made in their plan over the course of DY3; Hospital should include dates of when key milestones were achieved





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Demonstration Year 4 Annual DSRIP Application Renewal

- ✓ Includes (refer to the NJ Funding and Mechanics Protocol page 16):
 - Annual Budget analysis
 - Refer to the NJ DSRIP Budget Submission Template excel located on the NJ DSRIP Website
 - Duplicate Funding -- Please describe any initiatives in which your hospital is participating that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives underway.

Mid-point review required by 38 hospitals

- ✓ Hospital reports as identified in the CMS Application Status Letters from April 8 and May 6, 2014
 - CMS approvals noted conditions that the following “hospitals need to improve their plans in specific areas and are required to include a report on how they addressed these areas as part of renewal.” *Diane T. Gerrtis, Director Division of State Demonstration and Waivers*





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DY4 Renewal: Mid-point review required by 38 hospitals

Continued:

- ✓ Refer to the Application Status Letters on the DSRIP Home page under the CMS Notices heading at <http://dsrip.nj.gov/> for specifics
 - Your question from CMS may already be addressed in previously submitted documentation.
- For Example:* If the CMS question was about how your hospital will participate in the LC. You would submit a summary statement on how you have participated in the LC in DY3 as well as provide supporting documentation previously submitted for a progress report review (survey, presentation given, notes taken during LC meeting etc.)
- ✓ Refer to handout included in your packet for list of hospitals
- ✓ Please note a guidance document on how to complete the DY4 Annual DSRIP Application Renewal will be provided to hospitals in the coming weeks.





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Q & A





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Speakers:

South Jersey DSRIP Collaborative #5

Sandy Festa, Atlanticare Regional Medical Center

Heather Croce, RN Kennedy University Hospital

Topic:

South Jersey DSRIP Collaborative #5: Collaboration





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Speaker:

Bergen Regional Medical Center DSRIP Project

Thomas Rosamilia, M.A., LPC

Topic:

Shared Decision Making: Electronic Self-Assessment





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THANK YOU



Don't forget:

- To 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 March 20, 2015

PLEASE PROCEED TO YOUR BREAK-OUT SESSIONS

