

Welcome to the New Jersey DSRIP Learning Collaborative (LC)

June 09, 2016
2:00 PM – 3:00 PM

New Jersey Department of Health (NJDOH)

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



Agenda

- **General DSRIP Program Discussion**
 - General Updates
 - DY4 Q4 Progress Report Findings
 - DY5 Reapplication Findings
 - Standard Reporting Workbook (SRW) Findings
 - Learning Collaborative March Survey Results
 - Stage 3 and 4 Performance Measurement Review, Changes and Next Steps
 - Future DY5 Deliverables

DSRIP Program Reminders and Updates

- All **DY4 Q4 Progress Reports** have been submitted to CMS
 - 55% of hospitals received a write-back in DY4 Q4, this is slightly elevated from the 54% for DY4 Q3.
 - Although the number of first write-backs remained consistent from the previous quarter, the number of second write-backs dropped significantly.
- **DY5 Q1 Progress Reports**
 - The progress reports will continue to be available via the NJ DSRIP web portal.
 - The report will not change from DY4.
 - The use of the State-approved template is **mandatory** in reporting the quarterly budget and ROI. Failure to submit your quarterly budget and ROI on this template will result in a write-back. Additionally, hospitals must provide supporting documentation to show how their ROI was calculated.

DSRIP Program Reminders and Updates

- **DY5 Reapplication**
 - All 49 hospitals continue to participate in the NJ DSRIP project.
 - The review process was begun and the team sending write-backs.
 - Please note hospitals may receive a write-back in the coming weeks as the State completes their review.
 - **Standard Reporting Workbook (SRW)**
 - All 49 hospitals submitted the SRW timely
- Reporting Issues Identified:**
- Alpha-text (N/A or comments) included in cells which were to be populated with data or supposed to be left blank.
 - Data populated in wrong columns/ required data not populated in cells

Learning Collaborative March Survey Results

DSRIP Program Successes – as submitted by hospitals

- *Monmouth Medical Center - Southern Campus* - We have seen a better coordination of care with our Medical and Psychiatric APNs cross-training each other about medical illnesses and their affects on psychiatric conditions as well as how psychiatric conditions affect medical illnesses.
- *R. W. Johnson University Hospital*- Building relationship with Rutgers Tobacco Dependence program
- *Hackensack University Medical Center* - HackensackUMC took the initiative to start a LC with affiliated hospitals Palisades and Englewood. We had our first meeting on March 1 where we discussed the metrics, successes and challenges. We have schedule our next meeting and are planning to meet monthly.

DSRIP Program Successes – as submitted by hospitals

- *St. Francis Medical Center (Trenton)* -Retention rate and attendance at program has been steadily improving; Patient Satisfaction scores are excellent.
- *University Hospital* - As a part of "Go Red" events, UH collaborated with Shop Rite in Newark to educate shoppers and our Healthy Heart patients on the importance of healthy eating. Shoprite is the only true supermarket in the Newark food desert. On February 18, there was a workshop on preparing heart healthy foods. Lunch was provided and participants received a guided tour through the store and education on reading labels. Our Healthy Heart team and providers were available to answer questions; 30 HF patients were in attendance.

DSRIP Program Best Practices – as submitted by hospitals

- *CentraState Medical Center*- We have found using food models and newly available tri-fold meal planning guides were powerful reinforcement on the education of portion control.
- *Our Lady of Lourdes Medical Center* -The DSRIP nurses identified a health literacy issue, i.e. numerical literacy, related to our standard home scales. The staff conducted a product search and found a scale with "Weight Change Detection" technology that tells the patient the exact net change in pounds plus/minus, from the last weight so that the patient can report critical values to their practitioner.
- *Raritan Bay Medical Center*- Family involvement and education is instrumental in carrying out the plan of care for the patient.

Learning Collaborative March 2016 HIE Survey Results

- **Goal of survey- Assess HIE Capability in the state**

The survey asked hospitals to answer the following 4 questions:

1. Do you have internal HIE capabilities within your hospital's EHR system?
2. Do you plan to integrate HIE into your hospital's EHR system, or enhance or change, and if so, what is the timeframe anticipated? Please briefly describe.
3. Do you have external HIE capabilities that connect outside your hospital system, such as connection with a Health Information Organization (HIO)?
4. Do you plan to connect HIE outside your hospital system, or enhance or change, and if so, what is the timeframe anticipated? Please briefly describe.

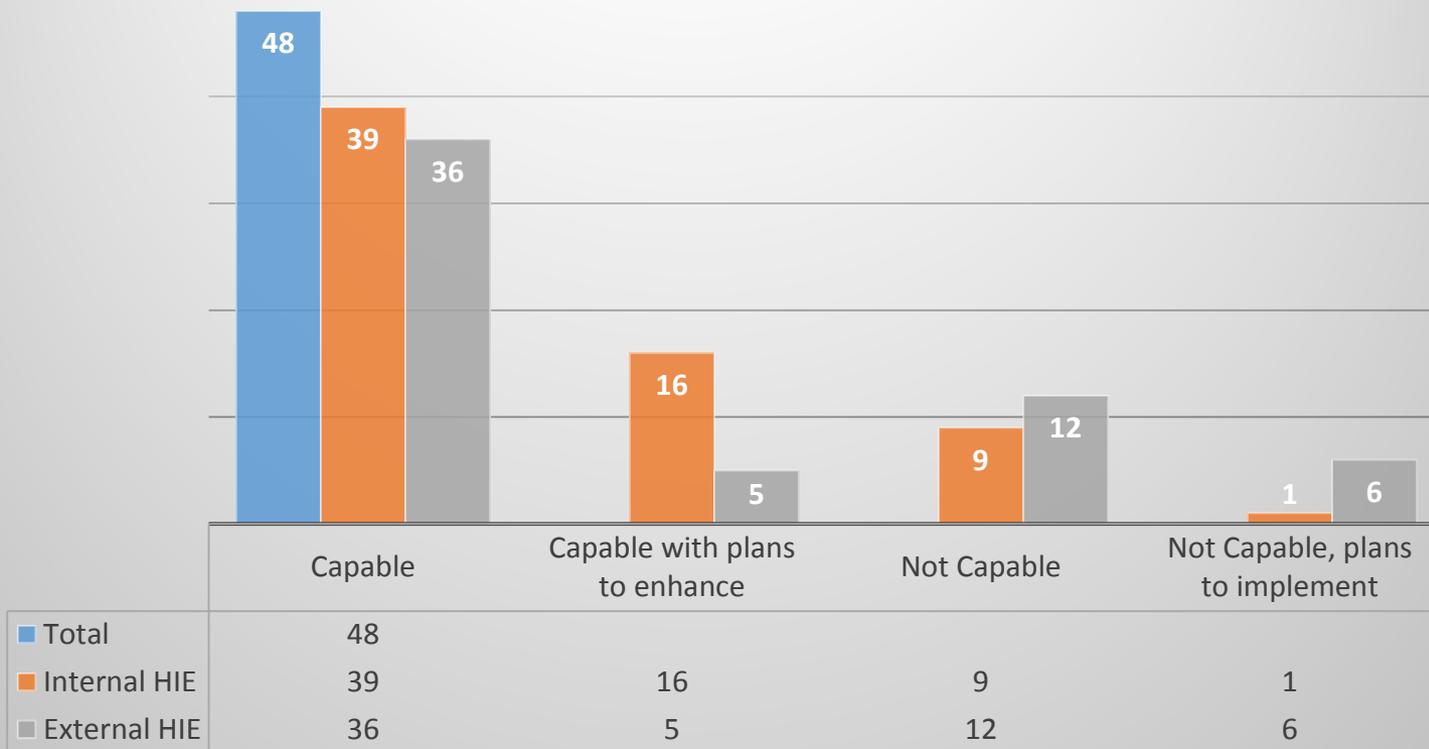
Learning Collaborative March 2016 HIE Survey Results – Capability Summary

Out of the 49 participating hospitals, 48 gave answers to the survey. The survey results were summarized as follows:

- 39 hospitals were currently Internal HIE capable
 - 16 out of 39 have future plans to enhance/change.
- 9 hospitals were currently NOT capable of Internal HIE.
 - 1 out of 9 has future plans to integrate HIE into their EHR system.

- 36 hospitals were currently External HIE capable.
 - 5 out of 36 have future plans to enhance/change.
- 12 hospitals were currently NOT capable of External HIE.
 - 6 out of 12 had plans to connect HIE outside of their hospital system in future.

HIE Capabilities summary report



Learning Collaborative March 2016 HIE Survey Results – Capability Specifications

In the survey, hospitals were asked to describe in detail the following HIE capabilities:

- Directed Exchange
- Query Based Exchange
- Patient Status Reports
- ADT alerts - real time EHR update
- Provider Portal Access
- Patient Portal Access
- Health Information Organization
- Other

And list them under the following options:

1. Internal – only
2. External – only
3. Both Internal and External
4. Under Development

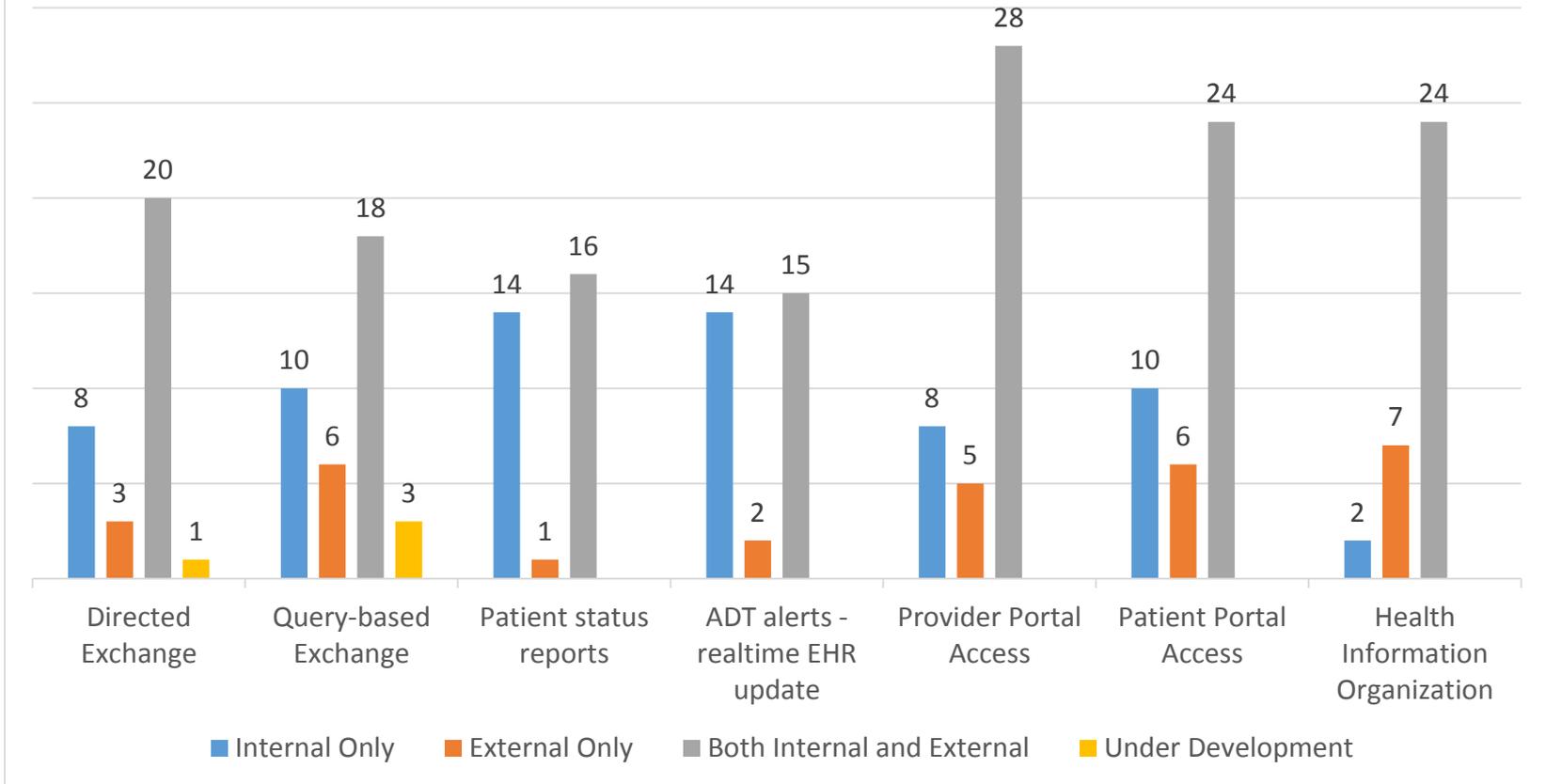


Learning Collaborative March 2016 HIE Survey Results – Capability Specifications

The result of the **total hospital count** under each category were summarized as follows-

	Directed Exchange	Query-based Exchange	Patient status reports	ADT alerts - realtime EHR update	Provider Portal Access	Patient Portal Access	Health Information Organization
Internal Only	8	10	14	14	8	10	2
External Only	3	6	1	2	5	6	7
Both Internal and External	20	18	16	15	28	24	24
Under Development	1	3					

HIE STATUS SPEC RESULTS



Stage 3 and Stage 4 Performance Measure Process, Changes and Next Steps

Stage 3 and 4 Performance Measurement - Summary

Performance Measurement Reporting	Posted
MMIS-calculated 2013 baseline results	June 2, 2015
2014 measure results (both MMIS and chart/EHR) posted, includes EITG	August 7, 2015
Semi-annual performance ending June 2015 results	January 21, 2016

ITG Hierarchy

ITG Setting Hierarchy:

1. 90th percentile of DSRIP-participating hospital if more than 10 hospital results available.
2. 95th percentile NJ statewide benchmark if it exists.
3. 95th percentile National benchmark if it exists.
4. 90% measure result for process measures.
5. Measure specific ITG based on measure specification and available information for outcome measures.

Readmission Measure Status, Changes

- The CMS Medicare measures will not update the SAS risk-adjustment package with risk adjusted applicable ICD-10 codes until 2017.
- CMS approved change to adjust DSRIP performance measurement to use the *un-risk adjusted* results. The rate will be based on the index admission and the readmission event, not the risk-adjusted predicted and expected occurrence.
- A limited mapping of condition and unplanned diagnosis and procedure codes related to the four measures has been completed.
- Reprogramming was required due to the variance between performance years. New measure results will be utilized for all years (2013-2015). Validation of new programming is currently in process.
 - Improvement Target Goals (ITGs) and performance benchmark thresholds will be set.
 - Substitution adjustments will be required.

P4P Performance Measurement Processes, Next Steps

- ITGs set for all original measures.
- Hospital-specific baselines calculated and compared to baseline performance thresholds.
- EITGs for original P4P measures computed and hospitals notified via web portal.
- Processes completed to select substitution measures.
- Baseline substitution measure data received with April 2016 reporting cycle.
- Substitution ITGs identified for all MMIS.
- Substitution ITGs and baseline performance thresholds to be recommended by the QMC for the remaining Chart/EHR and approved by the state and CMS. -
Expected to be completed in June

P4P Performance Measurement Processes, Next Steps

- Final EITGs calculated for substituted measures. - *Expected to be completed in June*
- Measure Acknowledgement Page updated with 2015 measure results.
- Met/ Not Met P4P performance finalized. - *Expected to be completed in late June/ early July*
- Performance measure results for Stage 3, 4 and UPP to be submitted to CMS for review and approval. - *Expected to be completed in late June/ early July*
- Measure Results page updated with 2015 results.
- Payment for Stage 3, Stage 4 and UPP measures - *Expected to be paid out in July*

DSRIP Deliverables for the DY5

Hospital DSRIP ACTIVITY – DY5	TIMELINE
DY5 Q1 Progress Report	July 29, 2016
Semi-annual Patient Roster	Expected August 2016
DY5 Q2 Progress Report	October 31, 2016
Chart-EHR Measure Submission (Jan –June semi-annual)	October 31, 2016
MMIS Measure Result Acknowledgement	Expected December 2016
DY5 Q3 Progress Report	January 31, 2017
Semi-annual Patient Roster	Expected February 2017
DY5 Q4 Progress Report	April 28, 2017
Chart-EHR Measure Submission (2016 annual / July – Dec semi-annual)	April 28, 2017
MMIS Measure Result Acknowledgement	Expected June 2017



Agenda

- **Guest Speaker : Trinitas Regional Medical Center**
 - Trinitas will provide an overview on the DSRIP Symposium they held on 5/20/2016. Topic :“How Addiction Affects Our Communities: A Model for Successful Healthcare Integration.”
- **Question and Answer Discussion**

THANK YOU



- ✓ Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than **June 17, 2016**