

Welcome to the New Jersey DSRIP Learning Collaborative (LC)

March 10, 2016
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)

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



Objectives

- **General DSRIP Program Discussion**
 - General Updates
 - Attribution Review
 - DY4 Q3 Progress Report Findings
 - Secure FTP login reminders
 - Demonstration Year Timeline Review (DY2-DY5)
 - Achievements to date
 - Future DY4 and DY5 Deliverables

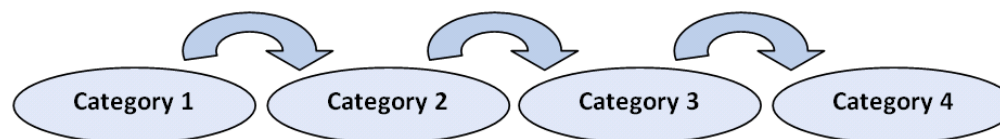
NJ DSRIP Program Reminders and Updates

- For those hospitals that selected a Chart/EHR based substitution measure:
 - The April 29th, 2016 reporting period will require that you submit 2014 (baseline) and 2015 measure results via the Standard Reporting Workbook.
- The second update to the Databook containing MMIS-based measures is scheduled for release in March.
 - MMIS-based measures are calculated by the Department on behalf of the hospitals.
 - These measure specifications are provided for reference purposes only.
 - The update will also contain any corrections for Chart/EHR based measures.

Attribution Review

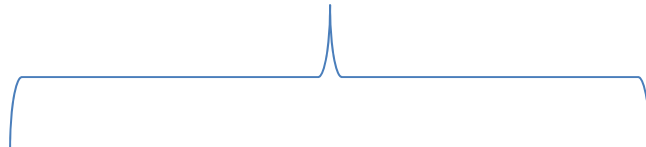
Model - retrospective, hierarchical, 10% utilization

- Retrospective: Links patients to hospitals based on previous two years of utilization identified through Evaluation and Management claims.
- Hierarchical:
 1. Hospital-based Clinic Category
 2. Emergency Department Category
 3. Community-based Reporting Partner Category
 4. All other providers (Non-DSRIP)
- Utilization Threshold: To act as evidence of an established relationship the first category that meets or exceeds 10% of utilization is used to attribute the patient.
- Performance year weighting factor: Performance period claims are weighted higher (70% vs. 30%) as it reflects more current patient behavior.
- **Semi-Annual Attribution Begins August 2016**



Attribution Review – Hospital Example

Patient Roster
Sent Feb. 2015



2013	2014	2015
Patient A	Patient A	
Patient B		

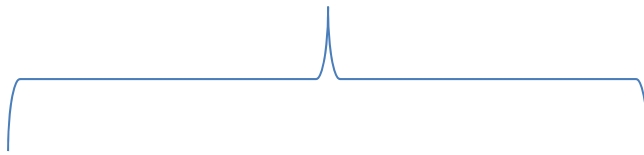
Patients A and B included in hospital's roster.



Note: The years above refer to when a date of service occurred.

Attribution Review – Hospital Example

Patient Roster
Sent Feb. 2016



2013	2014	2015	2016
Patient A	Patient A	Patient A	
Patient B			

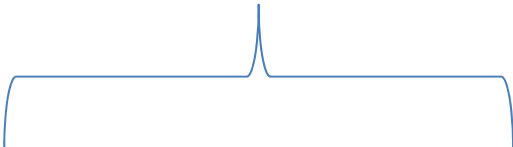
Patient B drops off hospital's roster. Patient A is identified as continuing to have the greatest relationship with hospital and remains on patient roster.



Note: The years above refer to when a date of service occurred.

Attribution Review – Hospital Example

Patient Roster
To be sent Feb. 2017



2013	2014	2015	2016	2017
Patient A	Patient A	Patient A	Patient A	
Patient B				
			Patient C	

Patient C, seen in 2016, won't appear on the hospital's roster until potentially 2017 if the greatest relationship exists with this hospital.



Note: The years above refer to when a date of service occurred.

DSRIP Program Updates

- All **DY4 Q3 Progress Reports** have been submitted to CMS
 - Hospitals may receive additional questions or a request to discuss the DY4 Q3 submitted Budget and Return on Investment.
 - 54% of hospitals received a write-back in DY4 Q3, this is down from 67% in DY4 Q2. While this is an improvement, hospitals need to continue to be committed to providing all required documentation with their progress report submission.
- Myers and Stauffer Secure File Transfer Protocol (FTP) site Issues
 - **Issue #1:** Terms of Use (TOU) agreements (required to access the secure FTP site) remain unsigned by reporting partner contacts who are anticipated by the hospital to participate in the reporting of Stage 3 and 4 measures. Failure to report all required Stage 3 and 4 measures can result in the forfeiture of dollars allocated to the non-reported measure(s). Hospitals will be notified if a reporting partner does not sign a requested TOU or fails to download their patient roster.
 - **Issue #2:** Users are **not** permitted to share their FTP site username and password. The TOU agreement you sign in order to receive your credentials states: You will keep your log-in credentials confidential and will not share your log-in credentials with anyone.

NJ DSRIP Program: Demonstration Year Timeline Review

- Per the Protocols, the Demonstration Year starts on July 1st and ends on June 30th of the proceeding year.
- The DSRIP performance year needs to be ahead of the States' fiscal year (July- June) so all payments can be made to hospitals within the State's fiscal year. Therefore, the performance period may not necessarily coincide with the demonstration year.

Table 1: Demonstration Year Timeline

Demonstration Year	Implementation Period	Dates
Demonstration Year 1	Transition Period	October 2012 – June 2013
Demonstration Year 2	Transition Period	July 2013 – December 2013
	DSRIP Implementation	January 2014 - June 2014
Demonstration Year 3	DSRIP Implementation	July 2014 – June 2015
Demonstration Year 4	DSRIP Implementation	July 2015 – June 2016
Demonstration Year 5	DSRIP Implementation	July 2016 – June 2017



NJ DSRIP Program: Demonstration Year Timeline Review

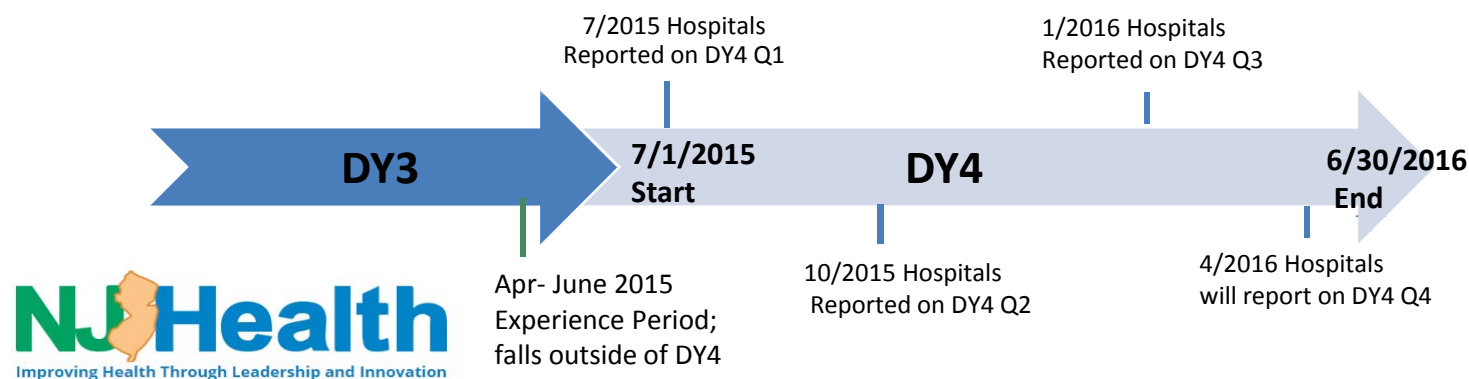
- The DSRIP performance year begins on April 1st and extends through March 31st of the following year.

Table 2: Demonstration Performance Period Cycles Example

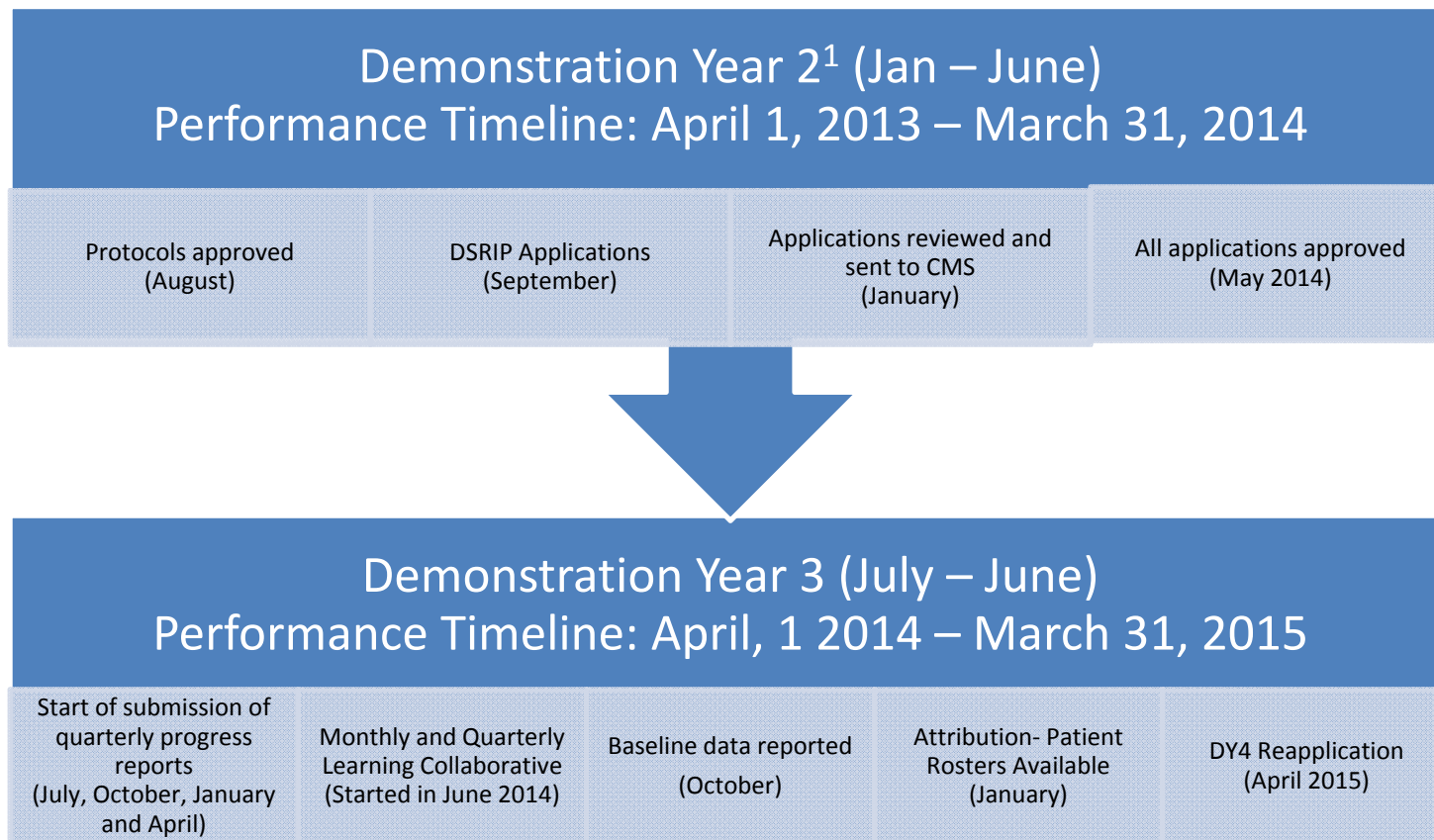
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Quarter 1			Quarter 2			Quarter 3			Quarter 4		

- Important:** Demonstration Year is not equal to Calendar Year. Documentation on your quarterly progress report must reflect the **Demonstration Year quarter not the calendar year quarter**. For example, the time period of Oct - Dec must be reported as Quarter 3, not Quarter 4 (calendar year).

Table 3: Example of Demonstration Year including Experience Period (Table 1 and Table 2 Combined)



NJ DSRIP Program: Past, Present and Future Milestones

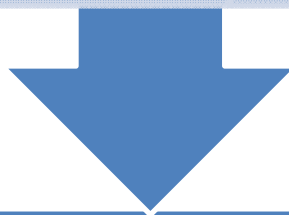


¹ Chart begins with Demonstration Year 2 as this is when the 1st hospital deliverable milestone occurred. The major milestone of Demonstration Year 1 was the development of the DSRIP program design.

NJ DSRIP Program: Past, Present and Future Milestones

Demonstration Year 4 (July – June) Performance Timeline: April 1, 2015– March 31, 2016

Submission of quarterly progress reports (July, October, January and April)	Standard Reporting Workbook Semi-annual measures reported (October 2015)	Attribution - Patient Rosters Available (February)	DY5 Reapplication Completion (Due April)	Standard Reporting Workbook Annual and Semi-Annual measure results (Due April)	Monthly and Quarterly Learning Collaborative Meetings
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Demonstration Year 5 (July – June) Performance Timeline: April 1, 2016 – March 31, 2017

Submission of quarterly progress reports (July, October, January and April)	Standard Reporting Workbook Semi-Annual measure results due (October)	Semi-annual Attribution-Patient Rosters Available (August)	Quarterly Learning Collaborative Meetings
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DSRIP Program Accomplishments to Date

Improved health outcomes and/or Decreased Costs¹

- Bergen Regional Medical Center
 - Average Quarterly ER Visits per quarter per patient
Baseline 2013-2014 = 0.308
Q1-Q2 2015 = .196; Reduction of 159 Visits
 - Average Quarterly Inpatient Admissions per quarter per patient
Baseline 2013-2014 = 0.114
Q1-Q2 2015 = .096; Reduction of 26 Admissions
- Inspira Medical Center – Elmer
 - Average Length of Stay
Baseline Aug 2014-Dec 2014 = 4.22
2015 YTD = 2.98

¹- As reported by hospitals participating in the DSRIP program.



DSRIP Program Accomplishments to Date

Improved health outcomes and/or Decreased Costs¹ - *cont.*

- Barnabas Health
 - ER Visit
 - 2012 Baseline per quarter = 109
 - DY4 Q1 = 13; 88% Reduction;
 - Per visit savings = \$358.95;
 - Total quarter savings = \$35,459
 - Admissions
 - Baseline 2013-2014 = 0.114
 - Q1-Q2 2015 = .096; Reduction of 26 Admissions
- St. Joseph's Hospital
 - Reduction of 59 Admissions
 - 20 percent reduction in ED Visits
 - \$1.4 million cost savings

DSRIP Program Accomplishments to Date

Increased health information technology and data analytics²

- Cape Regional Medical Center
 - Detailed analytics have been integrated into hospital workflows quantifying outcomes for an entire patient population instead of a patient sampling.
 - Real-time data feeds occur to each of the hospital and reporting partner practices to provide real-time numerator and denominator data in order to reach out and intervene as clinically necessary
- Englewood Hospital Hospital and Medical Center
 - New daily inpatient report identifying patients with chronic cardiac conditions with a LACE score greater than 7 with Medicaid, Charity Care, Self-pay status are enrolled in the program.
 - LACE scores represent the length of stay of the index admission, acuity of admission, co-morbidities of the patient, and number of emergency department visits in the last six months.



²-As reported by hospitals participating in the DSRIP program

DSRIP Deliverables for the remainder of DY4 and DY5

Hospital DSRIP ACTIVITY – Remainder of DY4	TIMELINE
DY4 Q4 Progress Report Submission (Jan 1- March 31 time period)	April 29, 2016
Chart-EHR Measure Submission (2015 Annual / Jul - Dec semi-annual)	April 29, 2016
DY5 Reapplication Submission	April 29, 2016
MMIS Measure Result Acknowledgement	Expected June 2016
Hospital DSRIP ACTIVITY – DY5	TIMELINE
DY5 Q1 Progress Report Submission	July 29, 2016
Semi-annual Patient Roster	Expected August 2016
DY5 Q2 Progress Report Submission	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 Submission	January 31, 2017
Semi-annual Patient Roster	Expected February 2017
DY5 Q4 Progress Report Submission	April 28, 2017
Chart-EHR Measure Submission (2016 annual / July – Dec semi-annual)	April 28, 2017
MMIS Measure Result Acknowledgement	Expected June 2017

Topic:

The Value of Information Exchange to Support
Population Health

Speakers:

Sarah Renner, MPH, MBA
Dan Roach III, MD, Director

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 **March 18, 2016**

GROUP DISCUSSION SESSION