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The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP

Learning Collaborative 1

New Jersey Department of Health (NJDOH)

August 14, 2014





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Learning Collaborative Session Objectives

- ✓ DSRIP Updates
- ✓ Summary of Last Meeting Topics/ Discussions
- ✓ Survey Response Review
- ✓ Hospital-Led Presentations
- ✓ Q&A





NJ DSRIP Program Updates

- **CMS has approved the final attribution criteria**
 - Project Partners are not mandated in the attribution design; *they remain required for the DSRIP program*
 - A new provision has been added to the DSRIP program to incentivize hospitals to include community-based reporting partners
 - Hospitals will have the opportunity to have their 10% gap reduction adjusted to an 8% gap reduction if they have one of the following partner types:

During DY 3:

1. Include a **community-based reporting partner**, or collection of partners that meet a threshold Medicaid patient roster of not less than 1000 unique patients during the attribution period. A data use agreement or (other suitable data sharing arrangement) with the partner must be in place by *October 2014*.

During DY 4:

1. Add an **enhanced reporting partner**, where new business relationships are developed and a data use agreement (or other suitable data sharing arrangement) is in place by *July 2015*.





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NJ DSRIP Program Updates

- Webinar Training specific to attribution and project partners will occur during the first two weeks in September
- Hospitals will have an opportunity to review and revise (add and delete) their partner list based on final attribution and partner criteria
- Stage 4 Outpatient Measures have been **deferred until DY 4**
 1. DSRIP # 56 – Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic
 2. DSRIP #75 – Preventive Care and Screening: High Blood Pressure
 3. DSRIP # 31 – Controlling High Blood Pressure
 4. DSRIP #30 – Comprehensive Diabetes Care: LDL-C Control <100mg/dL
 5. DSRIP # 55 – Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control <100mg/dL
 6. DSRIP # 76 – Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention





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DSRIP Progress Report Findings

- DSRIP team is currently reviewing the DY 3 Q1 Progress Reports – hospitals may receive questions this week
- Notify the DSRIP Team as soon as you determine a plan modification may be required (NJDSRIP@MSLC.COM)
- The QI Plan should be an important component of your project from start to finish-include relative update entries with your progress submissions, regardless of your deadline target date
 - “Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric.” ~Philip Crosby
- Tracking DSRIP performance data responses should be geared to how/ if you are able to pull the data for these measures





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Summary of Prior Meeting Topic/ Discussion

- July 10th Meeting:
 - Summarized DY 2 Progress Report
 - Announced Learning Collaborative Chair/ Co-Chair
 - Presented Monthly Survey
 - Purpose is to capture and facilitate LC discussion on lessons learned, best practices and challenges
 - Assist hospitals in documenting and preparing for quarterly report
 - Will be used as the basis for hospital-led presentations
 - Reviewed DY 3 Q1 Progress Report deadlines and requirements





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Monthly Survey Review

➤ AGGREGATED FEEDBACK FROM ALL COLLABORATIVES

Barriers:

- Unable to hire subject matter (SME) experts required to support the project
- Not all hospitals have a Quality Improvement (QI) Plan developed; risk of success if not in final draft at this juncture
- Ability to pull datasets as requested from the hospital data
- Patient buy-in/ consent to program outreach; allowing the added support into their home/ routine
- Patient medication adherence; unable to afford or identify that need at admission

Suggestions:

- Hospitals found that the use of an outsourced staffing agency to find targeted SME candidates are helping to overcome the hospital human resources (HR) barrier





LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section II: Support

Survey Question	Yes	No	Total
Question 1 – “Is your hospital’s project team in place?”	4	1	5
	80%	20%	
Question 2 – “Is your hospital’s quality improvement plan developed?”	3	2	5
	60%	40%	
Question 3 – Hospital survey response mentioned that activities with external partners occurred during the month	5	0	5
	100%		
Question 4 – Hospital survey response mentioned that hospital leadership activities occurred during the month	5	0	5
	100%		



LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section III: Tracking

Survey Question	0-49%	50-74%	75-100%	Total
Question 6 – “What is the overall estimated completion percentage for your project’s Stage 1 activities?”	2	1	2	5
	40%	20%	40%	
Question 7 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	3	1	1	5
	60%	20%	20%	



LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section III: Tracking

Survey Question	Yes	No	Total
Question 8 – Hospital survey response mentioned that activities have changed, or need to change, in order to be successful	4	1	5
	80%	20%	
Question 9 – Hospital survey response mentioned that hospital is tracking performance data in some manner	4	1	5
	80%	20%	



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LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section IV: Observations
- Implementation Challenges
 - “The electronic sharing of data with project partners will be an issue for SBMC.” *St. Barnabas Medical Center*
 - “Our project is challenged with the low response rate of outpatient clinic patient satisfaction surveys.” *St. Joseph’s Hospital Medical Center*
 - “...delay in project approval so hiring of key staff was delayed.” *Jersey Shore Medical Center*
- Suggestions to overcome barriers
 - Suggestions would be appreciated. *St. Barnabas Medical Center, St. Joseph’s Hospital Medical Center*





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LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section IV: Observations
- Notable Success
 - “Increase awareness of metrics and order set components for projects with stakeholders.” *RWJ University Medical Center at Hamilton*
 - “Have found engaging, enthusiastic staff.” *Jersey City Medical Center*
 - “Hiring key staff and engaging key team members” *Jersey Shore Medical Center*





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LC 1 Monthly Survey Review: Asthma/ Pneumonia

- Section IV: Observations
- Lessons Learned
 - “Realizing that a smaller partner list with more providers and fewer schools was an important lesson” *St. Barnabas Medical Center*
 - “...implementing a therapist-driven adult bronchodilator protocol.” *St. Joseph’s Hospital Medical Center*
 - “Need to increase staff to manage program this size.” *Jersey City Medical Center*





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Q&A

