NJ DSRIP
Learning Collaborative 2

New Jersey Department of Health (NJDOH)

August 14, 2014
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**.
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
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
Summary of Prior Meeting Topic/ Discussion

• July 10th Meeting:
  o Summarized DY 2 Progress Report
  o Announced Learning Collaborative Chair/ Co-Chair
  o 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
  o Reviewed DY 3 Q1 Progress Report deadlines and requirements
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 2 Monthly Survey Review: Behavioral Health/Chemical Addiction/Substance Abuse

• Section II: Support

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 1</strong> – “Is your hospital’s project team in place?”</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>89%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td><strong>Question 2</strong> – “Is your hospital’s quality improvement plan developed?”</td>
<td>6</td>
<td>3</td>
<td>9</td>
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<tr>
<td></td>
<td>67%</td>
<td>33%</td>
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<tr>
<td><strong>Question 3</strong> – Hospital survey response mentioned that activities with external partners occurred during the month</td>
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<td>1</td>
<td>9</td>
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<tr>
<td></td>
<td>89%</td>
<td>11%</td>
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<tr>
<td><strong>Question 4</strong> – Hospital survey response mentioned that hospital leadership activities occurred during the month</td>
<td>9</td>
<td>0</td>
<td>9</td>
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<td></td>
<td>100%</td>
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### LC 2 Monthly Survey Review: Behavioral Health/Chemical Addiction/Substance Abuse

- **Section III: Tracking**

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<th>Survey Question</th>
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<th>50-74%</th>
<th>75-100%</th>
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<td><strong>Question 6</strong> “What is the overall estimated completion percentage for your project’s Stage 1 activities?”</td>
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<td>7</td>
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<td></td>
<td>0%</td>
<td>22%</td>
<td>78%</td>
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<td><strong>Question 7</strong> “What is the overall estimated completion percentage for your project’s Stage 2 activities?”</td>
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<td></td>
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<td>22%</td>
<td>11%</td>
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LC 2 Monthly Survey Review: Behavioral Health/Chemical Addiction/Substance Abuse

• Section III: Tracking

<table>
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<th>Survey Question</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Question 8</strong> – Hospital survey response mentioned that activities have changed, or need to change, in order to be successful</td>
<td>4</td>
<td>5</td>
<td>9</td>
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<td></td>
<td>45%</td>
<td>55%</td>
<td></td>
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<tr>
<td><strong>Question 9</strong> – Hospital survey response mentioned that hospital is tracking performance data in some manner</td>
<td>3</td>
<td>6</td>
<td>9</td>
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<tr>
<td></td>
<td>30%</td>
<td>70%</td>
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LC 2 Monthly Survey Review: continued
Section IV: Observations

• Implementation Challenges
  o “Data collection is the main concern that we have at the present time.” St. Clare’s Riverside Medical Center Denville
  o “…as it relates to hiring addiction coaches that met our initial job description standards.” South Jersey Health System
  o “…due to the later date of approval, we have been forced to push back our training dates.” Bergen Regional Medical Center

• Suggestions to overcome barriers
  o “…the addition of a nurse care management navigator and LCADC/CADC to this program will help manage the transition of care needs and the care coordination of the patients identified after discharge.” Capital Health System-Fuld Campus
  o “…able to overcome this initial hiring challenge by contracting staff from an external partner.” Underwood Medical Hospital

*LCADC- Licensed Clinical Alcohol and Drug Counselor
**CADC- Certified Alcohol Drug Counselor
LC 2 Monthly Survey Review: continued
Section IV: Observations

• Notable Success
  o “We consider meeting our Stage 1 and 2 activities successes.” Bergen Regional Medical Center
  
  o “We had several patients initiate and engage in treatment.” Trinitas-Elizabeth General
  
  o “The addition of the post discharge coordination in the Emergency Department improved our post discharge process and our strong relationships with community based post-acute treatment providers-further enhanced our care coordination.” Capital Health System- Fuld Campus
LC 2 Monthly Survey Review: continued
Section IV: Observations

• Lessons Learned
  o “Be flexible and stay focused on getting patients the services and support they need.” Trinitas- Elizabeth General

  o “Active communication to hospital leaderships, partners, stakeholders, school board, teachers, parents, etc... Communicate... Communicate.... Communicate.” Capital Health System- Fuld Campus