NJ DSRIP
Learning Collaborative 3 & 4

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

• 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
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.
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
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
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 3&4 Monthly Survey Review: All Projects

- Section II: Support

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<thead>
<tr>
<th>Survey Question</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Question 1</strong> – “Is your hospital’s project team in place?”</td>
<td>13</td>
<td>10</td>
<td>23</td>
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<tr>
<td></td>
<td>57%</td>
<td>43%</td>
<td></td>
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<tr>
<td><strong>Question 2</strong> – “Is your hospital’s quality improvement plan developed?”</td>
<td>15</td>
<td>8</td>
<td>23</td>
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<tr>
<td></td>
<td>65%</td>
<td>35%</td>
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<td><strong>Question 3</strong> – Hospital survey response mentioned that activities with external partners occurred during the month</td>
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<td>10</td>
<td>23</td>
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<tr>
<td></td>
<td>57%</td>
<td>43%</td>
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<tr>
<td><strong>Question 4</strong> – Hospital survey response mentioned that hospital leadership activities occurred during the month</td>
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<td>4</td>
<td>23</td>
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<td></td>
<td>83%</td>
<td>17%</td>
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### LC 3&4 Monthly Survey Review: All Projects

- **Section III: Tracking**

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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>3</td>
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<td><strong>17%</strong></td>
<td><strong>13%</strong></td>
<td><strong>70%</strong></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>3</td>
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<td></td>
<td><strong>74%</strong></td>
<td><strong>13%</strong></td>
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LC 3&4 Monthly Survey Review: All Projects

- Section III: Tracking

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<th>Survey Question</th>
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<th>No</th>
<th>Total</th>
</tr>
</thead>
<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>
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<td>20</td>
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<td></td>
<td>13%</td>
<td>87%</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>
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<td>17%</td>
<td>83%</td>
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LC 3 Monthly Survey Review: Care Transitions

Intervention Model

Section IV: Observations

• Implementation Challenges
  - “Data collection challenges internally and externally with Partner.” R.W. Johnson University Hospital
  - “We are having difficulty with providing medications to patients that do not have a payer.” East Orange General Hospital
  - “…identifying patients that meet criteria early on in the admission to ensure a well-planned discharge process.” East Orange General Hospital
  - “Great deal of difficulty getting permission from patients to do home visits.” JFK Medical Center (Edison)
  - “Should there be a consent obtained for patients in the DSRIP program; even if it's an opt-out consent?” Raritan Bay Medical Center

• Suggestions to overcome barriers
  - “Changed our scripting of those Transitional Care conversations and we are reaching out more to physicians to help us get the patients on board.” JFK Medical Center (Edison)
LC 3 Monthly Survey Review: Care Transitions Intervention Model

Section IV: Observation

• Notable Success
  o “Team buy in, Leadership support, Partnership support.” Englewood Hospital Association
  o “…development of partnerships with community.” R.W. Johnson University Hospital
  o “Successfully prevent two readmissions by observing subtle changes the patient had during home visit…” East Orange General Hospital
  o “The steering committee has been formed and had meetings.” Raritan Bay Medical Center
LC 3 Monthly Survey Review: Care Transitions Intervention Model

Section IV: Observation

• Lessons Learned
  o “…success of program is dependent on patient engagement and trust. A patient identification process that uses information from EMR is very efficient.” R.W. Johnson University Hospital
  o “We have learned that educating primary care physicians is going to be a challenge…” Palisades General Hospital
  o “Piloting of one patient and then adding as identifying consistency and opportunity improvements in the process and hopefully a reliable process that can be spread to impact outcomes.” Hackensack University Medical Center

*EMR- Electronic Medical Record
LC 4 Monthly Survey Review: Congestive Heart Failure Projects

Section IV: Observations

- **Implementation Challenges**
  - Hiring/ having key staff supporting the project. *Chilton Memorial Hospital, Hoboken Hospital Center, Meadowlands Hospital Medical Center, University Hospital*
  - Collecting data/ tracking data. *Meadowlands Hospital Medical Center, Morristown Memorial Hospital, Newton Memorial Hospital, Overlook Hospital*

- **Suggestions to overcome barriers**
  - “Received approval to purchase and implement the DocView mHealth system.” *Morristown Memorial Hospital*
  - Expanded our recruiting efforts. *Chilton Memorial Hospital, Hoboken Hospital Center, Meadowlands Hospital Medical Center, University Hospital*
LC 4 Monthly Survey Review: Congestive Heart Failure Projects

Section IV: Observations

• Notable Success
  o “Able to get buy-in from key leadership and hospital leaders; this will greatly impact the project roll out.” Hoboken Hospital Center
  o “Successfully enrolled 26 patients with 8% readmission rate.” Meadowlands Hospital Medical Center
LC 4 Monthly Survey Review: Congestive Heart Failure Projects

Section IV: Observations

- **Lessons Learned**
  
  - “Use of Advanced Practice Nurse’s (*APN's) in the field will help to make patient compliance easier.” Christ Hospital
  
  - “As a group, pulling apart the requirements, stages and milestones and plotting them accordingly; this has decreased fears and concerns of success.” Morristown Memorial Hospital
  
  - “… the need to meet regularly with the DSRIP Team to ensure progress is being made.” Hoboken Hospital Center

*APN- Advanced Practice Nurse*
Q&A