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

NJ DSRIP

Learning Collaborative 3 & 4

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





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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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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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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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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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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

Survey Question	Yes	No	Total
Question 1 – “Is your hospital’s project team in place?”	13	10	23
	57%	43%	
Question 2 – “Is your hospital’s quality improvement plan developed?”	15	8	23
	65%	35%	
Question 3 – Hospital survey response mentioned that activities with external partners occurred during the month	13	10	23
	57%	43%	
Question 4 – Hospital survey response mentioned that hospital leadership activities occurred during the month	19	4	23
	83%	17%	



LC 3&4 Monthly Survey Review: All Projects

- 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?”	4	3	16	23
	17%	13%	70%	
Question 7 – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”	17	3	3	23
	74%	13%	13%	





LC 3&4 Monthly Survey Review: All Projects

- 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	3	20	23
	13%	87%	
Question 9 – Hospital survey response mentioned that hospital is tracking performance data in some manner	4	19	23
	17%	83%	



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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)*





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LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

Section IV: Observation

- Notable Success

- “Team buy in, Leadership support, Partnership support.”
Englewood Hospital Association
- ...”development of partnerships with community.” *R.W. Johnson University Hospital*
- “Successfully prevent two readmissions by observing subtle changes the patient had during home visit...” *East Orange General Hospital*
- “The steering committee has been formed and had meetings.”
Raritan Bay Medical Center





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LC 3 Monthly Survey Review: *Care Transitions Intervention Model*

Section IV: Observation

- Lessons Learned

- “...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*
- “We have learned that educating primary care physicians is going to be a challenge...” *Palisades General Hospital*
- “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

Prepared by Myers and Stauffer LC



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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*





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LC 4 Monthly Survey Review: *Congestive Heart Failure Projects*

Section IV: Observations

- Notable Success

- “Able to get buy-in from key leadership and hospital leaders; this will greatly impact the project roll out.” *Hoboken Hospital Center*
- “Successfully enrolled 26 patients with 8% readmission rate.” *Meadowlands Hospital Medical Center*



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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

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Q&A

