STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP
Learning Collaborative 5

New Jersey Department of Health (NJDOH)

August 14, 2014

NJ Health
New Jersey Department of Health

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:
  - 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

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 5 Monthly Survey Review: Diabetes and Obesity

- Section II: Support

Survey Question	Yes	No	Total
Question 1 – "Is your hospital's project team in place?"	12	6	18
	67%	**33%**	
Question 2 – "Is your hospital's quality improvement plan developed?"	13	5	18
	72%	**28%**	
Question 3 – Hospital survey response mentioned that activities with external partners occurred during the month	15	3	18
	83%	**17%**	
Question 4 – Hospital survey response mentioned that hospital leadership activities occurred during the month	16	2	18
	89%	**11%**	

LC 5 Monthly Survey Review: Diabetes and Obesity

- 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	6	8	18
	23%	**33%**	**44%**	
Question 7 – "What is the overall estimated completion percentage for your project's Stage 2 activities?"	14	3	1	18
	78%	**17%**	**5%**	

LC 5 Monthly Survey Review: Diabetes and Obesity

- 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	13	5	18
	72%	**28%**	
Question 9 – Hospital survey response mentioned that hospital is tracking performance data in some manner	8	10	18
	44%	**56%**	

LC 5 Monthly Survey Review: *continued*

Section IV: Observations

- Implementation Challenges
  - Hiring/ having key staff supporting the project. *Cape Regional Medical Center, Centrastate Medical Center, St. Francis Medical Center- Trenton, St. Peter's Medical Center, Virtua- West Jersey Health System*
  - "IT infrastructure to support the program and data collection." *St. Michael's Medical Center*
  - "Lack of patient listing and confirmation of attribution model." *Kennedy University Hospital*
- Suggestions to overcome barriers
  - "We continue to aggressively advertise for the positions. Currently using existing staff." *St. Francis Medical Center- Trenton*
  - "Able to overcome [barriers] through Steering Committee meetings and weekly huddles." *St. Peter's Medical Center*
  - "We are exploring options including use of vendor, development of stand alone data base." *St. Michael's Medical Center*

LC 5 Monthly Survey Review: *continued*

Section IV: Observations

- Notable Success
  - "Identification of target population and mapping of the referral process has been developed electronically, which will help us run daily/ weekly reports." *St. Francis Medical Center- Trenton*
  - "Teamwork to develop physician education and patient education curriculum." *Virtua- Memorial Hospital of Burlington City, Virtua- West Jersey Health System*
  - "Positive feedback and Engagement of partners, especially excited about link with Crest Haven." *Cape Regional Medical Center*
  - "We have been able to get patients into a medical home." *Centrastate Medical Center*

LC 5 Monthly Survey Review: *continued*

Section IV: Observations

- Lessons Learned
  - Active communication to hospital leaderships, partners, stakeholders, school board, teachers, parents, etc... Communicate... Communicate.... Communicate." *Capital Health System- Hopewell*
  - "Project team roles will be expanded to meet the needs of patients in all settings; Inpatient, Outpatient and follow up in the community." *St. Peter's Medical Center*
  - "The need for timeliness and planning." *Virtua- Memorial Hospital of Burlington City*
  - "We have learned that there are a multitude of resources available to support our program through www.Ndep.nih.gov and we have revised many of our tools to reflect their best practices." *University Medical Center- Princeton at Plainsboro*

Q&A