NJ DSRIP
Learning Collaborative 5

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
  o Project Partners are not mandated in the attribution design; they remain required for the DSRIP program
  o 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
  o “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 5 Monthly Survey Review: Diabetes and Obesity**

- **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>12</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>67%</td>
<td>33%</td>
<td></td>
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<tr>
<td><strong>Question 2</strong> – “Is your hospital’s quality improvement plan developed?”</td>
<td>13</td>
<td>5</td>
<td>18</td>
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<tr>
<td></td>
<td>72%</td>
<td>28%</td>
<td></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>
<td>15</td>
<td>3</td>
<td>18</td>
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<tr>
<td></td>
<td>83%</td>
<td>17%</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>16</td>
<td>2</td>
<td>18</td>
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<td></td>
<td>89%</td>
<td>11%</td>
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LC 5 Monthly Survey Review: Diabetes and Obesity

- Section III: Tracking

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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>
<td>4</td>
<td>6</td>
<td>8</td>
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<tr>
<td></td>
<td>23%</td>
<td>33%</td>
<td>44%</td>
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<tr>
<td><strong>Question 7</strong> – “What is the overall estimated completion percentage for your project’s Stage 2 activities?”</td>
<td>14</td>
<td>3</td>
<td>1</td>
<td>18</td>
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<tr>
<td></td>
<td>78%</td>
<td>17%</td>
<td>5%</td>
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### LC 5 Monthly Survey Review: Diabetes and Obesity

- Section III: Tracking

<table>
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<tr>
<th>Survey Question</th>
<th>Yes</th>
<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>
<td>13</td>
<td>5</td>
<td>18</td>
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<tr>
<td></td>
<td><strong>72%</strong></td>
<td><strong>28%</strong></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>8</td>
<td>10</td>
<td>18</td>
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<tr>
<td></td>
<td><strong>44%</strong></td>
<td><strong>56%</strong></td>
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LC 5 Monthly Survey Review: continued

Section IV: Observations

• Implementation Challenges
  o 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
  o “IT infrastructure to support the program and data collection.” St. Michael’s Medical Center
  o “Lack of patient listing and confirmation of attribution model.” Kennedy University Hospital

• Suggestions to overcome barriers
  o “We continue to aggressively advertise for the positions. Currently using existing staff.” St. Francis Medical Center- Trenton
  o “Able to overcome [barriers] through Steering Committee meetings and weekly huddles.” St. Peter’s Medical Center
  o “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**
  
  o Active communication to hospital leaderships, partners, stakeholders, school board, teachers, parents, etc... Communicate... Communicate.... Communicate.”  
    **Capital Health System- Hopewell**
  
  o “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**
  
  o “The need for timeliness and planning.”  
    **Virtua- Memorial Hospital of Burlington City**
  
  o “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