1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.
**Q & A**

Ask questions in two ways:

1. **Submit questions through the chat.**
   
   If the chat box does not automatically appear on the screen’s right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. **‘Raise your hand’ to ask a question through your audio connection.**
   
   Once we see your hand raised, we will call on you and unmute your line.

   Please introduce yourself and let us know what organization you are from.

---

**Email njdsrip@pcgus.com with any additional questions.**
What is your favorite ice cream flavor?

a. Vanilla  
b. Chocolate  
c. Strawberry  
d. Coffee  
e. Cookies and Cream  
f. Chocolate Chip  
g. Chocolate Chip Cookie Dough  
h. Pistachio  
i. Maple Walnut  
j. Rocky Road  
k. I’m dairy-free!  
l. I prefer sherbet!
NJ DSRIP August 2019 Webinar
August 13, 2019

Today’s Speakers:
Meghan Cox, PCG
Andrew Thomas, Robert Wood Johnson University Hospital
Lorraine Nelson, St. Peter’s University Hospital

Office of Healthcare Financing
Robin Ford, MS
Executive Director
Michael D. Conca, MSPH
Health Care Consultant
Alison Shippy, MPH

Prepared by Public Consulting Group
Today’s Objectives

By the end of today’s webinar, participants should be able to:

• Know and share the upcoming Learning Collaborative scheduling changes

• Interpret the measure specifications for DSRIP #8: *Ambulatory Care – Emergency Room Visits*

• Identify strategies utilized by fellow DSRIP hospitals to improve DSRIP #8 outcomes

Prepared by Public Consulting Group
Agenda

1. Save the Dates!
2. DSRIP #8: *Ambulatory Care – Emergency Room Visits*
   Measure Specifications
3. Robert Wood Johnson University Hospital Presentation
4. Q&A
Save the Dates!

Upcoming Learning Collaborative & Webinar
Save the Dates!

DSRIP Learning Collaborative 3:
Tuesday, September 10th 10am-11:30am
- This is no longer an in-person event
- The event will be a virtual engagement focused on sustainability planning
- A detailed save the date with learning objectives, agenda, and registration link will be released soon

September NJ DSRIP Webinar:
Thursday, September 19th 10am-11am
- Note that this webinar does not follow the typical webinar schedule
- Webinar details will be sent prior to the event
Measure Review

DSRIP 08: Ambulatory Care- Emergency Department Visits
DSRIP 08 Description

- **Measure Description:** The rate of emergency department visits per 1,000 member months among attributable patients during the measurement year
- **Desired Improvement Direction:** Lower
- **Measure Steward:** NCQA
- **Data Source:** MMIS

DSRIP Incentive Impact

- Stage 3 P4P Measure
- Universal Performance Pool (UPP) Measure

*Note: All hospitals report Stage 3 & UPP measures*
Measure Description & Logic

**Numerator:** ED visits that do not result in an inpatient stay.

**Denominator:** All attributed patients in the NJ Low-Income population (expressed in member months)

The result is expressed as a rate per 1,000 member months for the measurement period

---

**Logic to Note**

- 3 age group stratifications, but AVs calculated on ‘Total Patients’ only
  1. Patients under age 65
  2. Patients 65 and older
  3. Total Patients
- Multiple ED visits with the same date of service counted as one visit.
- Mental health and chemical dependency services are not included in the rate.
Measure Performance

**DSRIP Performance**

Ambulatory Care – ED Visits
NJ Low-Income Claims Attributed to 46 Active DSRIP Hospitals

- DY3: 138
- DY4: 135
- DY5: 123
- DY6: 120

DSRIP 08 Rate per 1,000 mm
High Performance Threshold
Robert Wood Johnson University Hospital Presentation

DSRIP #8: Ambulatory Care- Emergency Department Visits
Reducing High ED Utilization

Andrew J Thomas APN
Ambulatory Care – Emergency Department Visits

• DSRIP #8
• The rate of emergency department visits per attributable patients during the measurement year.
• Data source: MMIS
• Numerator: ED visits that do not result in an inpatient stay. Each visit will be counted once. Multiple visits on the same date of service will be counted as one visit.
• Operating revenues of more than $4.5 billion
• 32,000 employees, 9,000 physicians, and 1,000 residents and interns.
• The system is comprised of 11 acute care hospitals, 3 children’s hospitals, a pediatric rehabilitation hospital, a behavioral health center, ambulatory care centers, and five fitness and wellness centers.
• As a system annually, we treat over 3 million patients, conduct 2 million outpatient visits, care for more than 700,000 patients in our emergency departments and deliver 23,000 babies, and so much more.
• Our geographic footprint spans Hudson, Essex, Union, Middlesex, Mercer, Somerset, Monmouth and Ocean counties
VITAL STATISTICS
Beds: 600
Employees: 5,181
Physicians: 1,522
Medical residents: 450
Nurses: 1,868
Volunteers: 601
Admissions: 31,379
Births: 2,553
ED visits: 90,808
Outpatients: 165,042
RWJUH Catchment Area
Figure 2.2: Avoidable ED Visit Rate (per 100 population)

New Jersey
- 2008-2010: 14.62
- 2011-2013: 15.34

Hospital Service Area
- 2008-2010: 12.49
- 2011-2013: 13.06

2008-2010 Source: Numerator: Average annual visits over 2008-10; Denominator: 2010 population from Nielsen Claritas.
Figure 2.4: Payer Distribution of Avoidable Hospitalizations and ED Visits

<table>
<thead>
<tr>
<th>Year</th>
<th>HSA-Avoidable Hospitalizations</th>
<th>NJ-Avoidable Hospitalizations</th>
<th>HSA-Avoidable ED</th>
<th>NJ-Avoidable ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>0.9% 7.7%</td>
<td>0.8% 8.5%</td>
<td>2.6% 1.8%</td>
<td>2.6% 2.0%</td>
</tr>
<tr>
<td>2011-2013</td>
<td>25.9% 23.4%</td>
<td>23.2% 21.3%</td>
<td>22.2% 23.8%</td>
<td>23.6% 24.7%</td>
</tr>
<tr>
<td>2008-2010</td>
<td>62.3% 62.6%</td>
<td>62.9% 62.9%</td>
<td>53.3% 41.3%</td>
<td>47.6% 38.8%</td>
</tr>
<tr>
<td>2011-2013</td>
<td>4.8% 6.0%</td>
<td></td>
<td>11.8% 22.7%</td>
<td>14.7% 23.1%</td>
</tr>
</tbody>
</table>

HSA: Hospital service area.
2008-2010 Source: Numerator: Average annual visits over 2008-10; Denominator: 2010 population from Nielsen Claritas.
HIGH Utilization definition

• Emergency department (ED) super-utilizers were defined as those patients with the highest number of ED visits by payer:
  • Four or more visits for privately insured patients aged 1-64 years or Medicare patients aged 65 years and older;
  • Six or more visits for Medicaid or Medicare patients aged 1-64 years.
ED Utilization

• A high rate of ED utilization may indicate:
  • Poor care management
  • Inadequate access to care or
  • Poor patient choices
High Utilizers

• For 2017:
  • Approximately 100 patients had 12 or more ED visits.
  • 2 patients had about 50 ED visits
  • The top ED utilizer at RWJUH was also the top utilizer at SPUH
  • 20% in the top 100 are on both RWJUH and SPUH top 100 list
Social and Healthcare Integration
A Unique Partnership
WHAT IS THE SHI INITIATIVE?

• Social Healthcare Integration
• Formed to address the critical gap between clinical care and community services.
• Ultimate goal is to resolve the health related social needs of housing and food insecurities; and to connect the patients with needed services for other health related social needs.
BACKGROUND – Accountable Health Community

• The Accountable Health Communities Model is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs.

• Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, may increase the risk of developing chronic conditions, reduce an individual’s ability to manage these conditions, increase health care costs, and lead to avoidable health care utilization.
PARTNERS
Program Workflow

1. High Utilizers identified  
   Names and contact information provided to Coming Home

2. Social Workers connect with patients to open the case  
   Social Worker identify the patients Social determinants of Health gaps

3. Social Worker refers patient to community resources to address the gaps  
   Social Worker reassess and reevaluates until the need is resolved

4. Social Worker closes case when need no longer exists.
## SHI Program Data

<table>
<thead>
<tr>
<th>Form of Outreach</th>
<th>Total attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>249</td>
</tr>
<tr>
<td>Phone (Collateral/family)</td>
<td>73</td>
</tr>
<tr>
<td>Mail</td>
<td>19</td>
</tr>
<tr>
<td>In-Person/Home visit</td>
<td>14</td>
</tr>
<tr>
<td>Hospital</td>
<td>30</td>
</tr>
<tr>
<td>Other In Person</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>31</td>
</tr>
<tr>
<td>Deceased</td>
<td>1</td>
</tr>
<tr>
<td>Ineligible</td>
<td>3</td>
</tr>
<tr>
<td>Refused Service</td>
<td>3</td>
</tr>
<tr>
<td>Other (Incarcerated, LTC)</td>
<td>3</td>
</tr>
</tbody>
</table>
## OUTCOMES

<table>
<thead>
<tr>
<th>MRN</th>
<th>ED VISITS 2018</th>
<th>ED VISITS JAN-JUN 2019</th>
<th>PROJECTED 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>000001</td>
<td>87</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>000002</td>
<td>75</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>000003</td>
<td>74</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>000004</td>
<td>44</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>000005</td>
<td>37</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>000006</td>
<td>35</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>000007</td>
<td>33</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>000008</td>
<td>30</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>000009</td>
<td>30</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>000010</td>
<td>29</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

![Bar chart showing ED visits and projected values for each MRN over three time periods: 2018, January-June 2019, and projected for 2019.](chart)
QUESTIONS

• Andrew Thomas
  • Director Care Transitions, Care Coordination & DSRIP
  • Robert Wood Johnson University Hospital
  • Andrew.Thomas@rwjbh.org
  • (732) 828 3000 Ext 7539

• Lorraine Nelson
  • DSRIP Project Manager
  • St. Peters University Hospital
  • LNelson@saintpetersuh.com
  • (732) 745 8600 Ext. 2002
Q & A
Ask questions in two ways:

1. **Submit questions through the chat.**
   
   If the chat box does not automatically appear on the screen’s right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. **‘Raise your hand’ to ask a question through your audio connection.**
   
   Once we see your hand raised, we will call on you and unmute your line.
   
   Please introduce yourself and let us know what organization you are from.

Email njdsrip@pcgus.com with any additional questions.
Evaluation

• Please answer the following evaluation questions

1. How would you rate this activity?
   5 = Excellent; 1 = Very Poor

2. Did you feel that this webinar’s objectives were met?
   • Interpret the measure specifications for DSRIP #8: Ambulatory Care – Emergency Room Visits
   • Identify strategies utilized by fellow DSRIP hospitals to improve DSRIP #8 outcomes
   • Know and share the upcoming Learning Collaborative scheduling changes

3. Please provide suggestions to improve our measure specification review.

4. Please provide suggestions on how to improve this educational session.