





# WebEx Instructions

**1** Your name  
Your email address (Optional)  
Join Meeting Join by  
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**2**   
Connect to Audio  Call Me  
The meeting will call you.  
More Options  
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 Call Using Computer  
Change settings

**3** Audio Connection ×  
1. Call  
1-877-668-4493 (Call-in toll-free number (US/Canada))  
1-650-479-3208 (Call-in toll number (US/Canada))  
[All global call-in numbers](#)  
2. Enter this access code:  
#  
3. Enter your Attendee ID:  
#

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.

## Ask questions in two ways:

### 1. Submit questions through the chat.

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The screenshot shows a webinar interface for the 'New Jersey DSRIP Webinar'. At the top, it displays the 'STATE OF NEW JERSEY DEPARTMENT OF HEALTH' logo and mission statement. Below the title, there is a navigation bar with several icons: a blue chat bubble icon circled in red, a microphone icon, and a red 'X' icon. A blue arrow points from the chat bubble icon to the first step of the text. Below the navigation bar, a chat window is visible with a 'Chat' header and a 'x' close button. A red circle highlights a 'raise hand' icon (a hand with the index finger pointing up) in the top right corner of the chat window, with a blue arrow pointing from the second step of the text. At the bottom of the chat window, there is a 'To:' dropdown menu set to 'All Panelists' and a text input field with the placeholder 'Enter chat message here'. A red box highlights the entire chat input area, with a blue arrow pointing from the first step of the text.

*Prepared by Public Consulting Group*

Email [njdsrip@pcgus.com](mailto:njdsrip@pcgus.com) with any additional questions.

# Warm Up Poll

What is your favorite ice cream flavor?

Winner!

- 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!





STATE OF NEW JERSEY  
**DEPARTMENT OF HEALTH**

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

# 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

# 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 10<sup>th</sup> 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 19<sup>th</sup> 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

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## *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

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## *DSRIP Incentive Impact*

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

*Note: All hospitals report Stage 3 & UPP measures*

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## *Description Cont.*

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*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

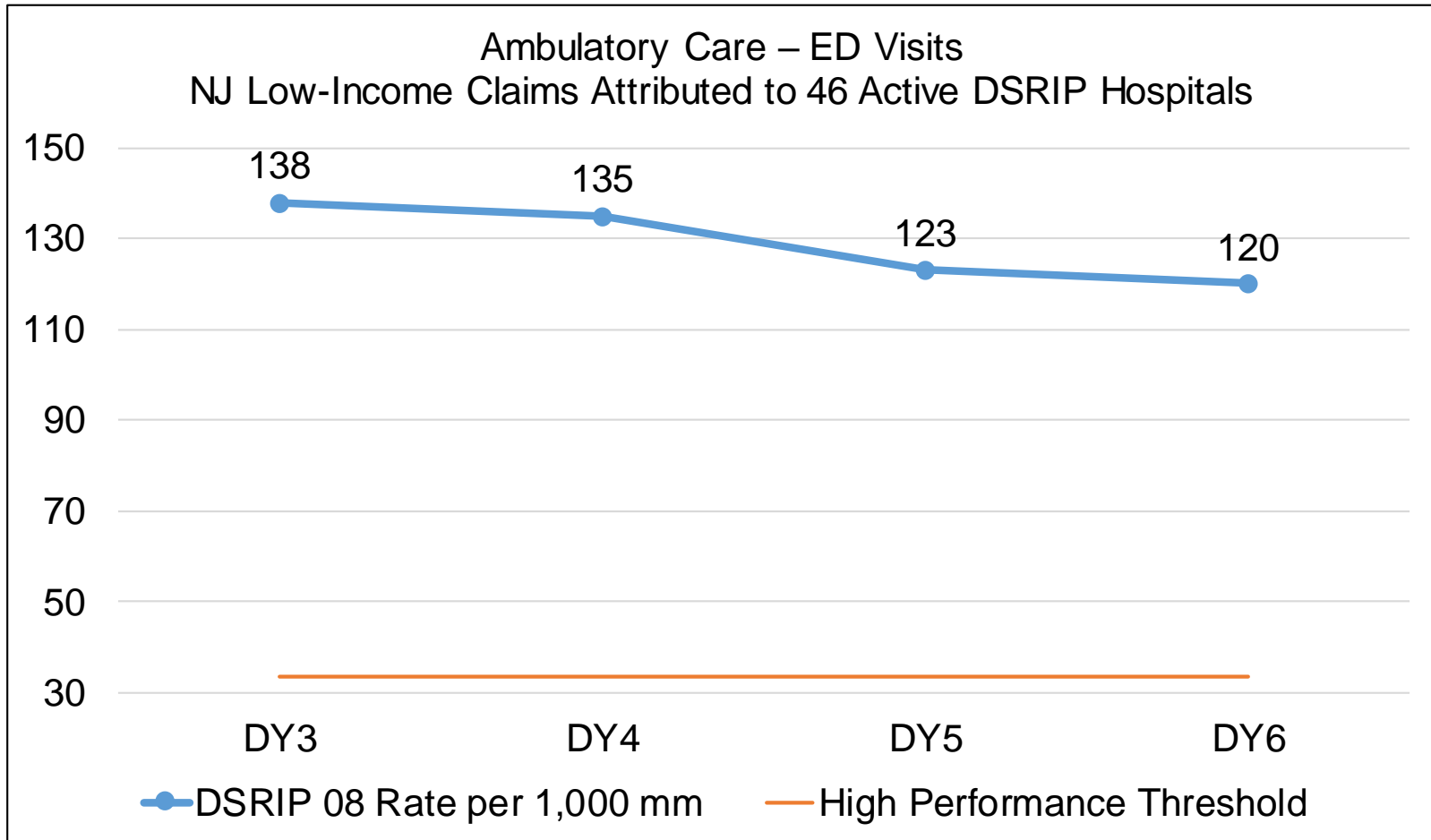
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## *Logic to Note*

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- 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.

## DSRIP Performance



# **Robert Wood Johnson University Hospital Presentation**

**DSRIP #8: Ambulatory Care- Emergency Department Visits**

# Reducing High ED Utilization

Andrew J Thomas APN

**Robert Wood Johnson** | **RWJ**Barnabas  
**University Hospital** HEALTH

# 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





ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL

## 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

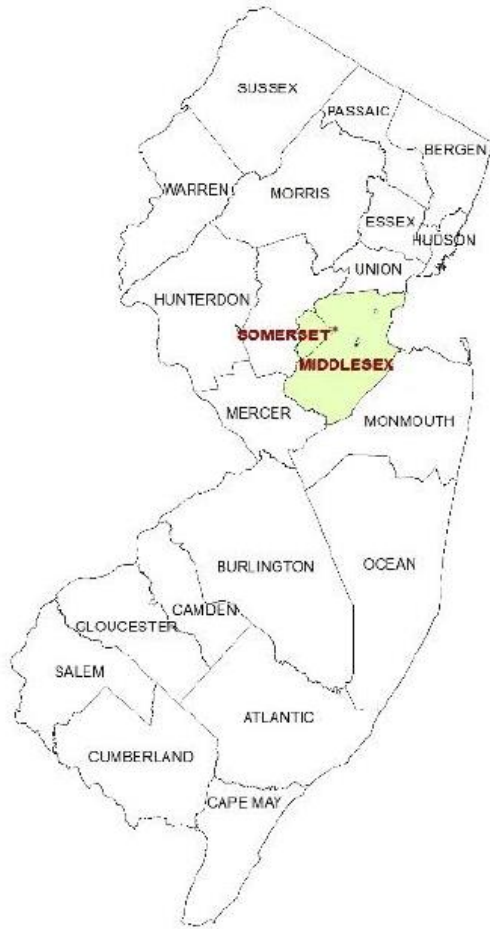
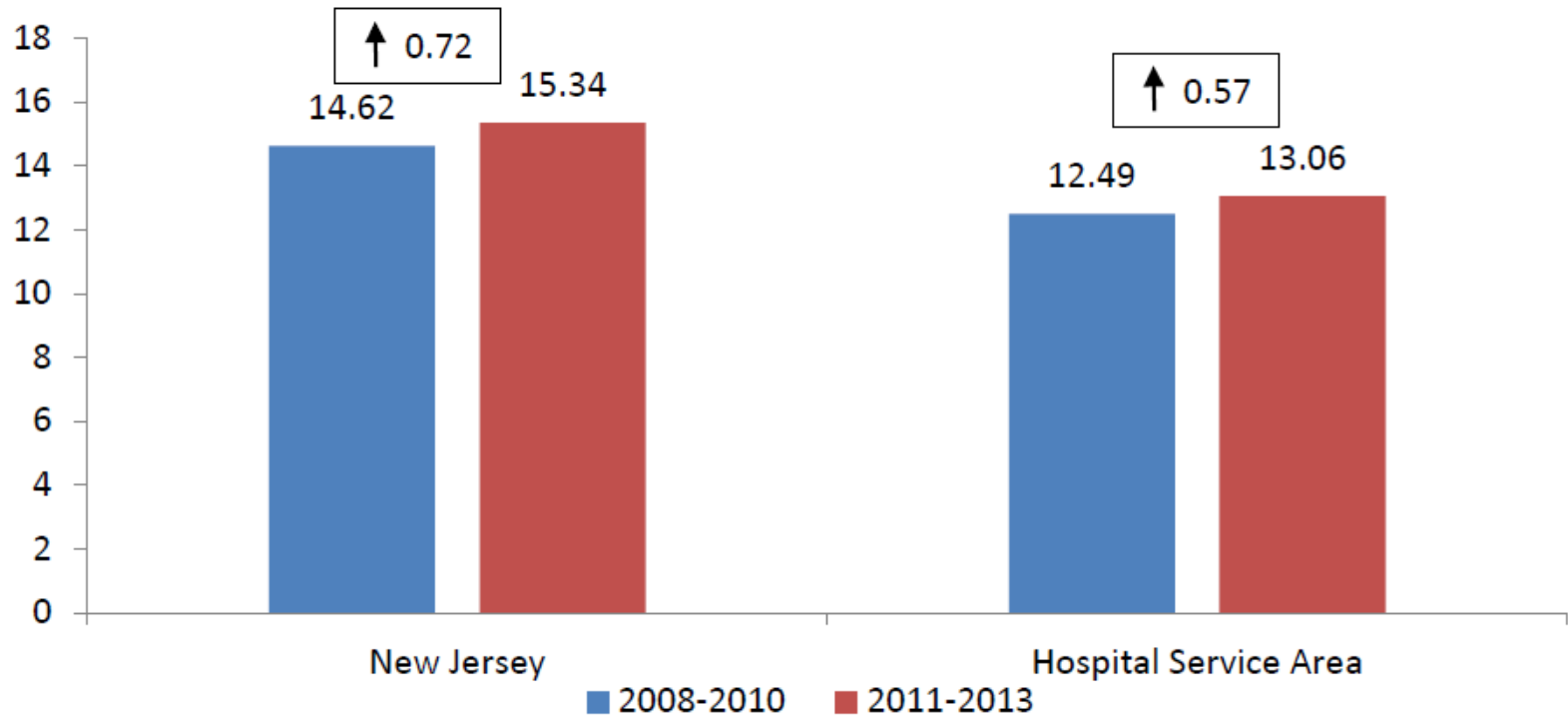
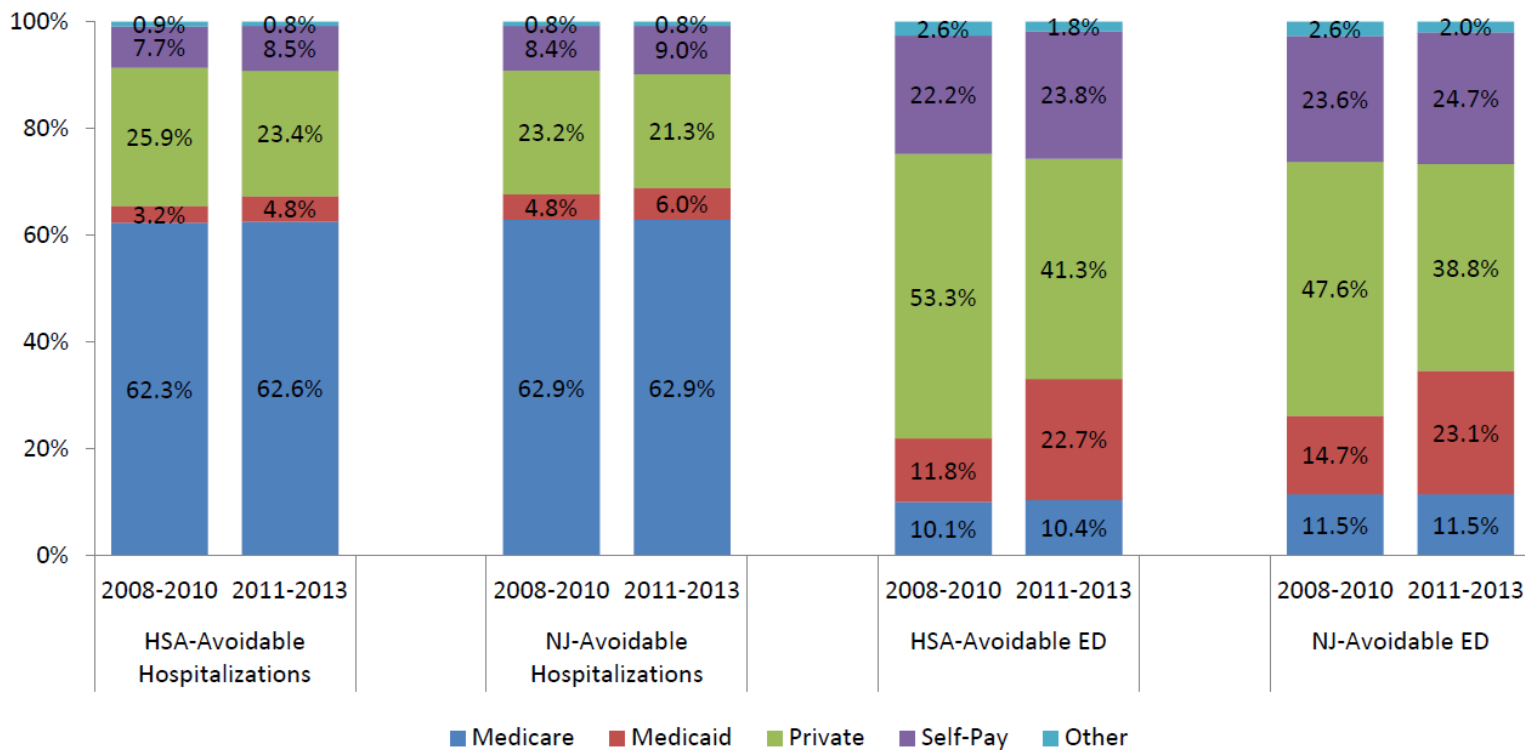


Figure 2.2: Avoidable ED Visit Rate (per 100 population)



2008-2010 Source: Numerator: Average annual visits over 2008-10; Denominator: 2010 population from Nielsen Claritas.  
2011-2013 Source: Numerator: Average annual visits over 2011-13; Denominator: 2009-13 population from American Community Survey.

Figure 2.4: Payer Distribution of Avoidable Hospitalizations and ED Visits



HSA: Hospital service area.

2008-2010 Source: Numerator: Average annual visits over 2008-10; Denominator: 2010 population from Nielsen Claritas.

2011-2013 Source: Numerator: Average annual visits over 2011-13; Denominator: 2009-13 population from American Community Survey.

# 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

Robert Wood Johnson | RWJBarnabas  
University Hospital HEALTH



# 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

Robert Wood Johnson | RWJBarnabas  
University Hospital HEALTH

**PRAB**  PARTNERS IN YOUR  
LIFE'S JOURNEY

 **Ending Homelessness  
in Middlesex County**

 STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS

 **SAINT PETER'S  
UNIVERSITY HOSPITAL**  
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM

**RUTGERS**  
Eric B. Chandler  
Health Center  
ROBERT WOOD JOHNSON MEDICAL SCHOOL

# 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

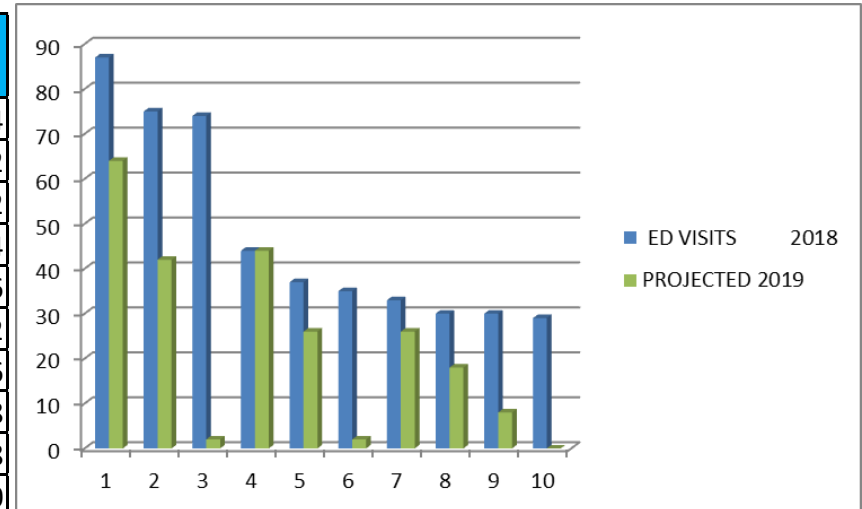
- Social Worker closes case when need no longer exists.

# SHI Program Data

Form of Outreach YTD	Total attempts	Case Status	Total
Phone	249	Open	31
Phone (Collateral/family)	73	Deceased	1
Mail	19	Ineligible	3
In-Person/Home visit	14	Refused Service	3
Hospital	30	Other (Incarcerated, LTC)	3
Other In Person	19		

# OUTCOMES

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



# QUESTIONS

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- (732) 828 3000 Ext 7539
  
- Lorraine Nelson
- DSRIP Project Manager
- St. Peters University Hospital
- [LNelson@saintpetersuh.com](mailto:LNelson@saintpetersuh.com)
- (732) 745 8600 Ext. 2002



# Q & A



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# 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.