



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

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

DY7 – DY8 DSRIP Program Updates

Monday, April 30, 2018

Call-in Number: 1-877-668-4493

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Presenter: Bobby Riso



Agenda

- Updates to the Funding and Mechanics Protocol (FMP)
- Measure Updates
 - Measure Update Overview
 - Stage 1: System Transformation
 - Stage 2: Quality Improvement
 - Stage 3: Population Focused Improvement
 - Universal Performance Pool
- Q&A

DY6-DY8 Updates to the Funding and Mechanics Protocol

DY6-DY8 Funding and Mechanics Protocol

- On March 15th, the Department of Health (DOH) released the final DY6-DY8 Funding and Mechanics Protocol (FMP).
- It is available on the DSRIP website on the “Resources” page: <https://dsrip.nj.gov/Home/Resources>.
- The updated version accounts for changes to the program agreed to by DOH and CMS for the DSRIP extension period (July 2017 – June 2020).

DY6-DY8 Funding and Mechanics Protocol: Summary of Updates

Original Period	Extension Period	Effective:
National benchmarks will only be used if there is insufficient data to determine a New Jersey Low Income Improvement Target Goal.	The Improvement Target Goal will be determined through the use of national benchmark data or statewide benchmark data whichever results in a higher Improvement Target Goal for the performance measures.	DY6
Hospitals must revise and resubmit hospital project plan applications annually.	Hospitals may address project plan modifications through the renewal application process.	DY7
Performance measures are grouped into four stages and reported semi-annually or annually by calendar year.	Performance measures are grouped into three stages and reported annually by calendar year (DY7=CY2018; DY8=CY2019).	DY7

Focus of today's presentation



Notice of Erratum

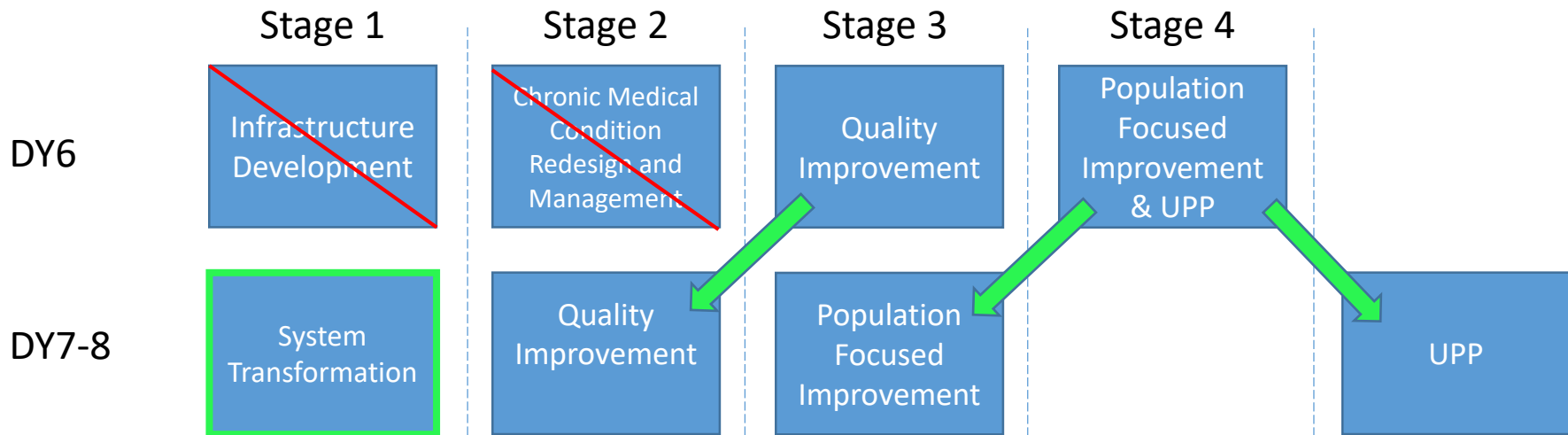
DY6-DY8 FMP, Page 8

DY7 Progress Report 1: This report is due no later than **October 31, 2018**

DY7 Progress Report 2: This report is due no later than **April 30, 2019**

Measures Update Overview

Measure Reporting Structure



- Previous Stage 1 Infrastructure Development measures are being retired for DY7-DY8 and have been replaced with new System Transformation measures
- Previous Stage 2 Chronic Medical Condition Redesign and Management measures are being retired for DY7-DY8 and have been replaced by the Quality Improvement Measures
- Population Focused Improvement measures have become the new Stage 3 measures
- Universal Performance Pool measures are continuing as before

Key Updates

Although the measure structure changed for DY7-DY8, most of the measures in DY6 were preserved to reduce the burden on hospitals.

- The total number of measures has been reduced
- Focus was on preserving the administrative/MMIS measures
- More emphasis on pay-for-performance
- All measures are reported annually beginning in DY7

DY6	
Stage	Payment Allocation %
Stage 1 & 2	25%
Stage 3	50%
Stage 4	25%
Total	100%

63% annual funding for P4P

DY7-8	
Stage	Payment Allocation %
Stage 1	25%
Stage 2	50%
Stage 3	25%
Total	100%

72% annual funding for P4P

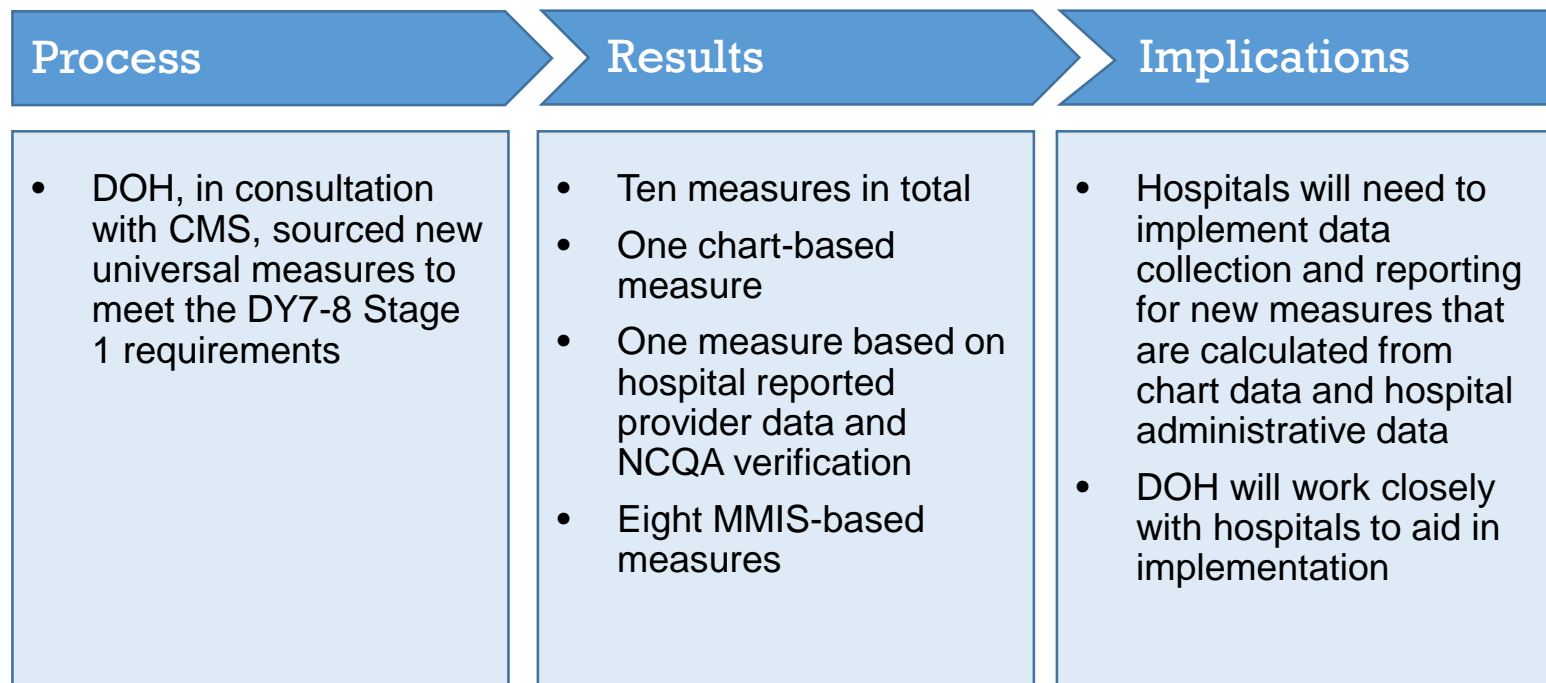


DY7 & DY8 Stage 1 Measures

System Transformation

Stage 1: System Transformation

- All new measures
- 25% of the annual allocation
- All pay-for-reporting



Stage 1: System Transformation

Measure Name	Data Source
Percent of PCP meeting PCMH / Advanced Primary Care	Hospital/NCQA
Bacterial Pneumonia Admission Rate	MMIS
Gastroenteritis Admission Rate	MMIS
Urinary Tract Infection Admission Rate	MMIS
Adults Access to Preventive Ambulatory Health services	MMIS
Annual Dental Visit	MMIS
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	MMIS/PHARM
Potentially Avoidable Emergency Room Visits	MMIS
Potentially Avoidable Readmissions	MMIS
Appropriate Follow-Up for Positive Screenings for Potential Substance Use Disorder and/or Depression by Primary Care and BH Providers	Chart/EHR

Stage 1: System Transformation

Measure Name	Data Source
Percent of PCP meeting PCMH / Advanced Primary Care	Hospital/NCQA
Bacterial Pneumonia Admission Rate	MMIS
Gastroenteritis Admission Rate	MMIS
Urinary Tract Infection Admission Rate	MMIS
Adults Access to Preventive Ambulatory Health services	MMIS
Annual Dental Visit	MMIS
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	MMIS/PHARM
Potentially Avoidable Emergency Room Visits	MMIS
Potentially Avoidable Readmissions	MMIS
Appropriate Follow-Up for Positive Screenings for Potential Substance Use Disorder and/or Depression by Primary Care and BH Providers	Chart/EHR

DY7 & DY8 Stage 2 Measures

Quality Improvement

Stage 2: Quality Improvement

- All existing measures (previously DY6 Stage 3)
- Criteria for substitution remains the same as in DY6
- 50% of the annual allocation
- All Stage 2 measures will be reported annually
- Payment is earned in Stage 2 when a hospital organization:
 - Reports **ALL** Quality Improvement measures; and
 - Makes a measurable improvement in the hospital's (P4P) measures.

Remember! Measurable improvement is defined as *either*:

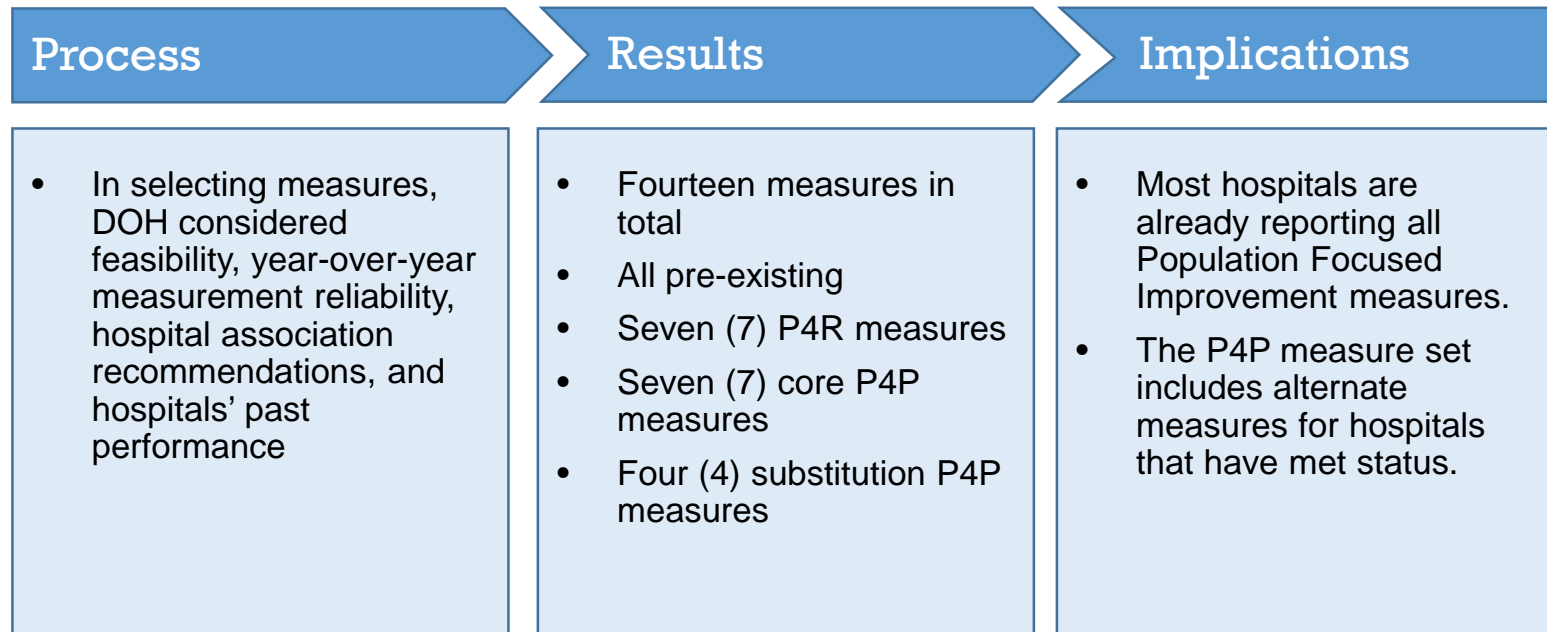
- A minimum of 10% reduction in the difference between the hospital baseline performance and the improvement target goal (ITG), or
- A minimum of 8% reduction, if the hospital has met the gap reduction incentive criteria.

DY7 & DY8 Stage 3 Measures

Population Focused Improvement Measures

Stage 3: Population Focused Improvement

- All existing measures (previously included in Stage 4 in DY6)
- 25% of the annual allocation
- 7 pay-for-performance measures and 7 pay-for-reporting measures



Stage 3 P4R: Population Focused Improvement

Measure Name	Data Source
CD4 T-Cell Count	MMIS
Cesarean Rate for Nulliparous Singleton Visits	Chart/EHR
Childhood Immunization Status	MMIS
Chlamydia Screening in Women	MMIS
Hospital Acquired Potentially-Preventable Venous Thromboembolism	Chart/EHR
Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control <100mg/dL	Chart/EHR
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Chart/EHR

Stage 3 P4P: Population Focused Improvement

Measure Name	Data Source
Controlling High Blood Pressure	Chart/EHR
Follow-up After Hospitalization for Mental Illness – 7 days post discharge	MMIS
Well child visits in the 1st 15 months	MMIS
Percent of patients who have had a visit to an Emergency Department for asthma in the past six months	MMIS
Engagement of alcohol and other drug treatment	MMIS
30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	MMIS
Ambulatory Care – Emergency Department Visits	MMIS

Stage 3: Population Focused Improvement

- **P4R Achievement**

- 50% of the funding in Stage 3 will be tied to the 7 P4R measures. This funding can be earned on an all-or-nothing basis, meaning all 7 measures must be reported on to earn the P4R funds.
 - If 6/7 measures are reported on, the hospital will not earn any P4R funding for the year.

- **P4P Achievement**

- Performance requirements for each pay-for-performance metric requires hospitals to achieve not less than a 5% improvement over self, for each of DY7 and DY8, from a baseline metric value using the most recent annual data available.
- Each metric will be valued equally.
 - If 5/7 measures achieve a 5% improvement over the baseline, the hospital will earn 5/7 or about 71% of the annual P4P funding.

Stage 3 P4P Alternate Measures

- DOH understands that there may not be sufficient room to improve on the P4P measures listed on the previous slide (defined as 5% improvement over prior year).
- To accommodate this, DOH has identified four alternate measures. For hospitals that have already achieved a high rate of performance over the prior year and further improvement cannot be reasonably expected, DOH will select an alternate measure from the list of available measures.

Measure Name	Data Source
Diabetes Short-Term Complications Admission Rate (PQI 1)	MMIS
Post-operative Sepsis	Chart/EHR
30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization	MMIS
30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	MMIS

DY7 & DY8 Universal Performance Pool (UPP) Measures

Universal Performance Pool (UPP) Measures

- UPP measures have not changed.
- Participating hospitals will continue to report on these measures as they have previously. There is no additional reporting requirement for hospitals.
- The Carve Out Allocation for UPP is set at 25% of each hospitals' annual funding target.
- As in previous years, hospitals to earn the AV on a UPP measure if the hospital maintains or improves upon the baseline, or if it is at or greater than the 90th percentile of NJ DSRIP hospitals.
- Beginning in DY6, hospitals need earn AVs for 8 of the 12 UPP measures to be eligible to participate in the forfeiture portion of the UPP.

Universal Performance Pool (UPP) Measures

Measure Name	Data Source
Hospital Acquired Potentially Preventable Venous Thromboembolism	Chart/EHR
Asthma in Younger Adults Admission	MMIS
Diabetes Short-Term Complications Admission Rate	MMIS
Ambulatory Care – Emergency Department Visits	MMIS
COPD Admission Rate	MMIS
Heart Failure Admission Rate	MMIS

Measure Name	Data Source
Central Line-Associated Bloodstream Infection (CLABSI) Event	Chart/EHR
Postoperative Sepsis	Chart/EHR
Pediatric Central-Line Associated Bloodstream Infections (CLABSI) – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	Chart/EHR
Percentage of Live Births Weighing Less Than 2,500 grams	MMIS
Cesarean Rate for Nulliparous Singleton Visits	Chart/EHR
Elective Delivery	Chart/EHR



Q & A

Additional live Q&A session will take place on Wednesday, May 2nd at 10am EST.

Any additional questions can be sent to NJDSRIP@pcgus.com