Welcome to the New Jersey DSRIP Learning Collaborative

June 8, 2017
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)
Learning Collaborative Agenda

- DSRIP Program Updates
- Partnering with Managed Care Organizations
- Stakeholder Engagement
- Next Generation DSRIP
DY5 Program Updates

- **Databook MMIS v 3.1** update will be posted to the NJ DSRIP website once CMS has approved.

- **DY5 Q3 and Q4 Progress Report** submitted to CMS for approval.

- **2016 annual/semi-annual Chart/EHR Standard Reporting Workbooks** are in final review.

- **Universal Performance Pool (UPP) Redesign** has been submitted to CMS for approval. Once approved, MSLC will host a training webinar.

- **Payment** for semi-annual measures will be included in the year-end DY5 payment along with annual measure results.
DY5 Program Updates

- DY5 Q4 Progress Reports
  - All 49 progress reports were submitted on time to CMS and are under review.
  - Key Findings:
    - ✓ Another Great Quarter for Progress Reports: 100% achievement in meeting Stage 1 and 2 metrics!
    - ✓ Budget and Return on Investment reporting issues were identified as areas for improvement.
    - ✓ Reminder: Submitted documentation must state the correct reporting time period.
2016 annual/semi-annual Chart/EHR Standard Reporting Workbooks

- SRW review is in final review. All 49 hospitals submitted SRWs.
- SRW data is included in DY 5 performance measure results which impacts semi-annual and annual payments amounts.
- Payment for semi-annual measures will be included in the year-end DY5 payment along with annual measure results.
DY5 Program Updates

- UPP Redesign
  - Universal Performance Pool (UPP) Redesign has been submitted to CMS for approval. Once approved, MSLC will host a training webinar.
Total project participation increased 50% year over year.
• 100% of projects provide face-to-face education.
• 88% of projects provide brochures or education documents.
• 47% of projects identify participants as DSRIP in an EHR.
• 59% of projects refer participants to education sessions or appointments.
# DY5 Program – Looking Ahead

<table>
<thead>
<tr>
<th>Hospital DSRIP ACTIVITY</th>
<th>TIMELINE</th>
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<tbody>
<tr>
<td>MMIS Measure Result Acknowledgement</td>
<td>Expected June 2017</td>
</tr>
<tr>
<td>Learning Collaborative</td>
<td>September 7, 2017</td>
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<tr>
<td>Hospital Re-Application</td>
<td>TBD</td>
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<tr>
<td>Hospital Progress Report</td>
<td>July 28, 2017</td>
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APPEALS UPDATES
Review Process

• Appeal Reasons

  ▪ The appeal is available to address reporting or computational errors only. Reasons for appeals are identified on the appeal form under Section II.

    ✓ Computation
    ✓ Reporting
    ✓ Databook/Value Sets
    ✓ Other – comments or appeals received regarding program design were captured and documented for future program considerations
Review Process

• Appeal Reasons

  ▪ 25 Unique Hospitals Initiated Appeal
    ▪ 33 Unique Measures Appealed
    ▪ 255 Total Issues Submitted and Reviewed

✓ Each issue appealed was independently reviewed for recommendation.
Appeal Timelines

- Appeal Process

  - **The Department** - review and provide a written recommendation to CMS of approval or denial of the appeal request.

  - **CMS** - review the Department’s recommendation and provide written approval or denial of the appeal request.

    ➢ As we work through the appeal reviews with CMS, hospitals may receive requests for additional or supporting documentation during the review process.

  - **Hospitals** - will be provided written notification of the final CMS approval or denial.
Break-Out Session: Stakeholder Engagement

- **Keep Satisfied** (High Influence, Low Interest)
- **Monitor (Minimum Effort)** (Low Influence, Low Interest)
- **Manage Closely** (High Influence, High Interest)
- **Keep Informed** (Low Influence, High Interest)
Stakeholder Engagement Survey Results

Average Stakeholders per LC

- **Average of Count of ALL Stakeholders**
- **Average of Count of High Influence, High Interest Stakeholders**

<table>
<thead>
<tr>
<th>LC</th>
<th>Average Stakeholders</th>
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<tbody>
<tr>
<td>LC 1</td>
<td>45%</td>
</tr>
<tr>
<td>LC 2</td>
<td>40%</td>
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<tr>
<td>LC 3/4</td>
<td>49%</td>
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<tr>
<td>LC 5</td>
<td>48%</td>
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Stakeholder Engagement

- Group Discussion: Examples of partners that belong in each quadrant.
  - Were there surprises as it relates to where partners were placed in the grid? If yes, then why?

- Common themes from discussion section of worksheet:
  - Data-sharing
  - General education on compliance for patient
  - Low Influence/High Interest (LIF/HIT) stakeholders are worthwhile partners because they may be aware of project issues. Make a routine touchpoint.
Stakeholder Engagement

- Options for messaging and communication with partners in quadrants.
  - Is a Communication Plan a good idea for hospitals?
    - The plan could include frequency of communication, mode of communication (daily rounds vs emails), and how return feedback will be evaluated.
  - Some DSRIP projects have a steering committee or community advisory board.
Stakeholder Engagement Continued

- Jersey Shore Communication example:
  - HIF/LIT*: Focus on cost benefit of project and primary prevention impacting re-admissions and non-emergent ED visits.
  - HIF/HIT: Project helps patients become successful with self-management and makes DSRIP staff essential in providing successful support services.
  - LIF/HIT: Collaboration can lead to shared cost and decrease duplication of services.
  - LIF/LIT: Community advisory boards can share information in community.

*H=High; L=Low; IF = Influence; IT = Interest
THANK YOU

- Please sign an attendance sheet before leaving today.
- Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than June 16, 2017.

GROUP DISCUSSION SESSION