

Welcome to the New Jersey DSRIP Learning Collaborative

December 08, 2016
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)

Agenda

- **DSRIP Program Updates**
 - Review DSRIP Program Updates
- **Guest Speaker - Colette Lamothe-Galette the DOH Office of Population Health Director**
- **Guest Speaker - Presentation by St. Peter's - Patient Experience**
- **Patient Identification and Enrollment**
 - Current attribution and participation statistics
 - Patient Identification Considerations
- **Break-Out Sessions**



DY5 Program Updates

- **Attribution** - Semi-Annual Attribution patient rosters were sent to hospitals in **October 2016**.
- **Appeals Extension** – 10 day extension offered in addition to the 30-day clock beginning upon receipt of RFI patient-level reporting. 40-day clock. This moves the deadline from December to January.
- **DY5 Activity Adjustment Reminder**
 - Semi-Annual Performance Measurement due October 31, 2016 is now due to be reported by **January 31, 2017**.
- **DY5 Q2 Progress Reports**
 - All 49 progress reports were submitted timely to CMS and are under their review.
 - Budget and Return on Investment reporting issues identified as an on-going issue.

DY5 Program Updates

DY5 Q2 Progress Reports- Budget findings

- Quarterly and Year-to-Date Budgets are not being completely filled in. Please note even if you had no charges for a specific line items, you must enter zero "0".

Example of quarterly budget with incomplete data.

	Budget			Actual			Budget Variance
	<u>Amount</u>	<u>FTEs</u>	<u>Total</u>	<u>Amount</u>	<u>FTEs</u>	<u>Total</u>	<u>Over/(Under)</u>
A. Salaries and Wages							
Position Title							
Nurse Practitioner			\$ 40,000	\$ 37,000	2.25	\$ 37,000	
Care Coordinator			\$ 5,000	\$ 10,000	0.25	\$ 10,000	
Project Director			\$ 30,000		1.0	\$ 2,000	
D. Travel							
<i>Subtotal Travel</i>							



DY5 Program Updates

DY5 Q2 Progress Reports- Budget findings- *Continued*

- Required columns from template were deleted. No adjustments to the required template can be made.
- Incorrect Demonstration Year and Quarter listed on budget. Required budget template must state the correct Demonstration Year.
- Incorrect current quarter and Year-to-Date quarters listed. These fields need to be updated each reporting period. For DY5 Q3, the Year-to-Date will be April – December.

NJ Department of Health
DSRIP Program

DY5 Progress Report Budget Reporting: Quarterly Budget Performance: *Required Worksheet*

Hospital Name _____
Hospital 7 digit Medicaid Provider Number _____

For DY5 Q3, the current quarter is October – December 2016; Year to Date is Q1-Q3 (April-December)

Current Quarter See Note #3 below
Year-to-Date (Q1-current quarter) See Note #3 below

[Whole numbers in thousands of dollars]

Budget			Actual			Budget Variance	Budget			Actual			Budget Variance
Amount	FTEs	Total	Amount	FTEs	Total	Over/(Under)	Amount	FTEs	Total	Amount	FTEs	Total	Over/(Under)



DY5 Program Updates

DY5 Q2 Progress Reports- Budget findings- *Continued*

- Documentation to support the Return on Investment(ROI) calculation not provided. A sample comprehensive budget and return on investment are included in your packet for your reference.

Additional Considerations

- Please have a member of your finance department assist and review your budget prior to submission.
- A budget reporting guidance document has been developed for your reference and is available at: <https://dsrip.nj.gov/Home/Resources>.
- Prior to submission, please ensure all required data elements are completed and if data is provided on multiple documents that it matches across all documents.
- If you have any questions about budget and ROI reporting you may contact the DSRIP team at NJDSRIP@mslc.com.



- **Guest Speaker - Colette Lamothe-Galette
the DOH Office of Population Health
Director**

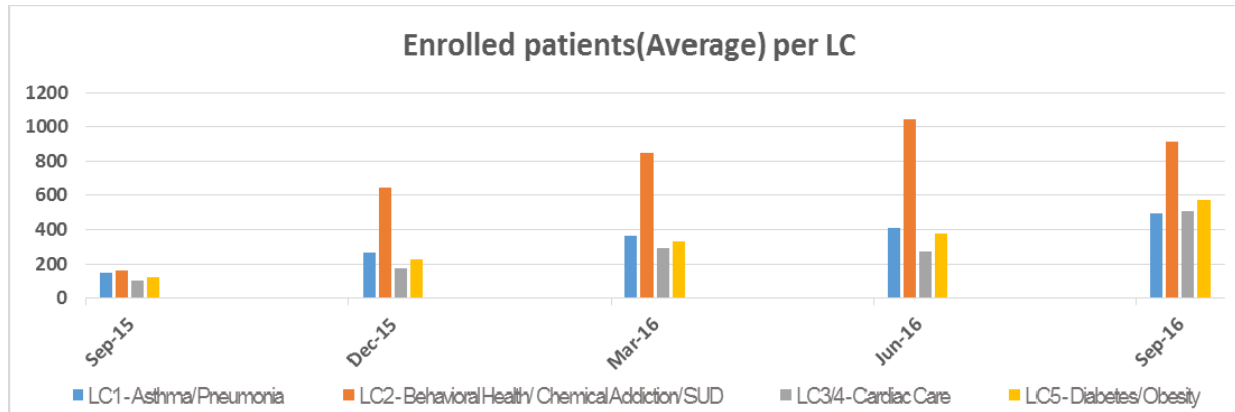
- **Guest Speaker - Presentation by St. Peter's
- Patient Experience**

Patient Identification and Enrollment

*Data on Slides 10 -14 was obtained using data collected from the Learning Collaborative surveys from September 2015 to September 2016



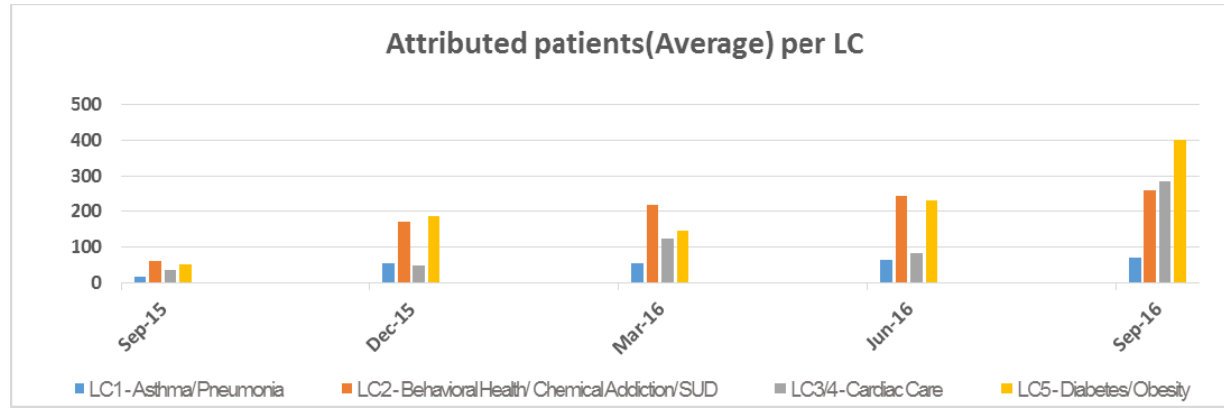
How many patients in total (whole number) do you have enrolled in your project at the time of this survey?



LC	Total no. of hospitals	Minimum count					Maximum count					Average count				
		Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16
LC1	5	75	27	20	3	8	200	674	1077	1170	1253	151	266	366	411	488
LC2	9	73	106	23	273	295	299	1750	2500	2700	3091	160	643	844	1046	912
LC3/4	21	0	4	6	3	4	528	905	2879	1695	5898	102	173	294	275	504
LC5	14	1	58	53	51	47	395	642	1617	2217	4662	124	227	331	377	572
Total	49	0	4	6	3	4	528	1750	2879	2700	5898	124	288	417	463	599



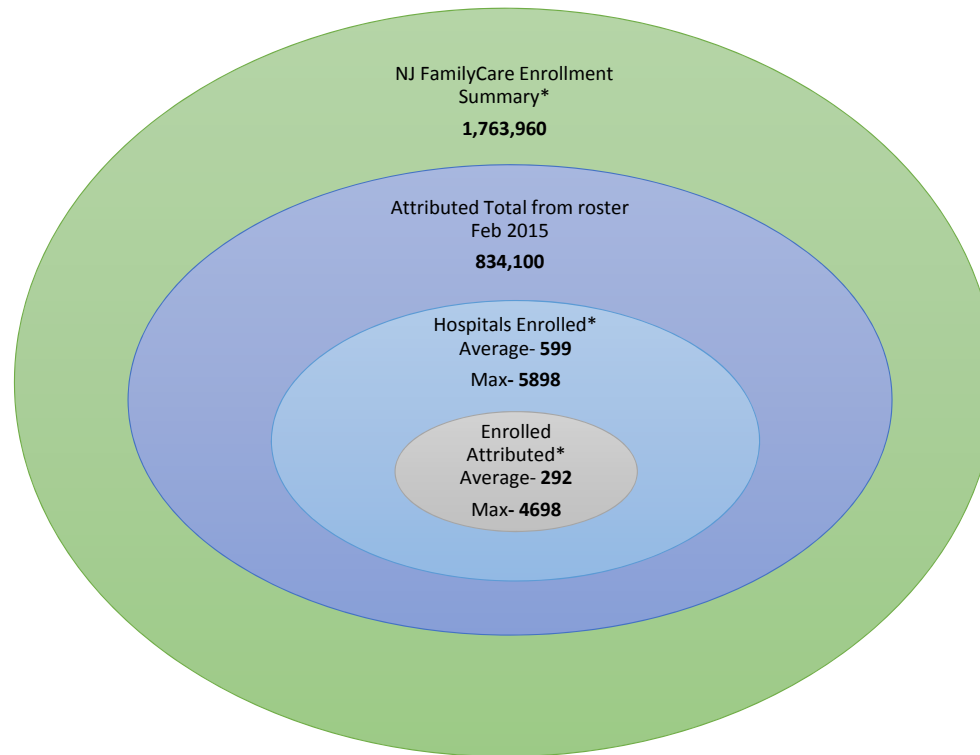
How many **attributed** patients (whole number) do you have **enrolled** in your project at the time of this survey?



LC	Total no. of hospitals	Minimum count					Maximum count					Average count				
		Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16
LC1	5	9	13	5	20	23	32	97	100	117	117	18	54	53	63	70
LC2	9	5	17	21	35	44	145	850	1000	850	1100	59	170	217	242	257
LC3/4	21	2	0	0	0	0	177	212	1485	857	4698	37	48	125	83	287
LC5	14	1	1	3	3	3	267	1375	1207	1852	4122	51	184	146	230	401
Total	49	1	0	0	0	0	267	1375	1485	1852	4698	43	114	141	152	292

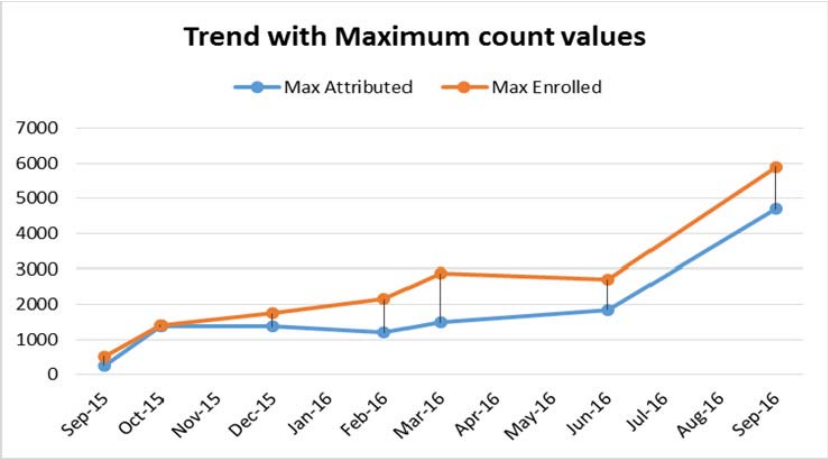
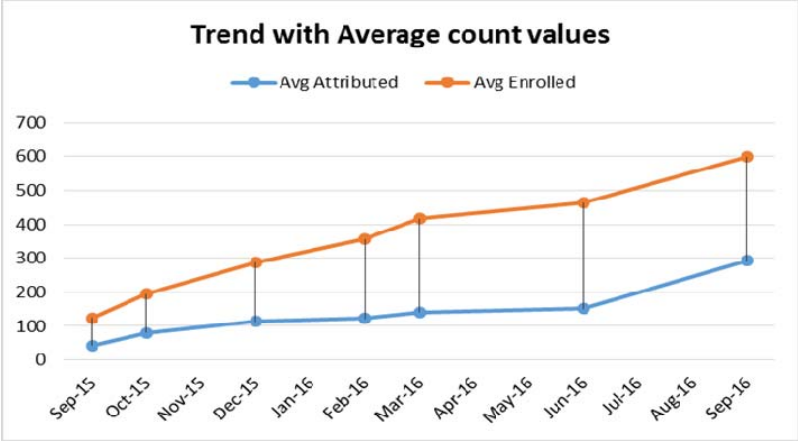


NJ DSRIP Attribution Figure

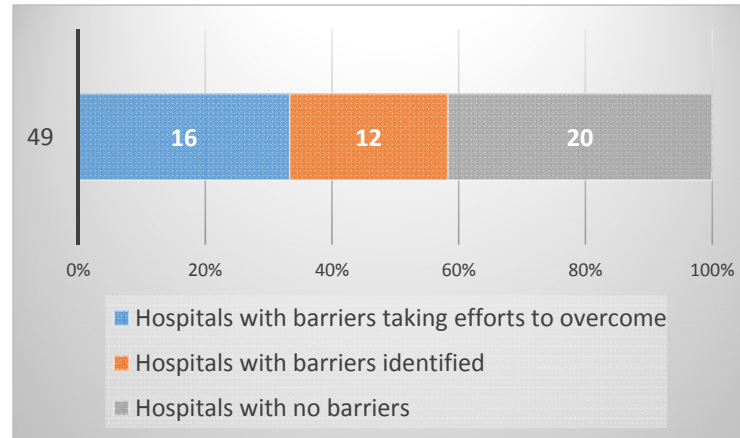
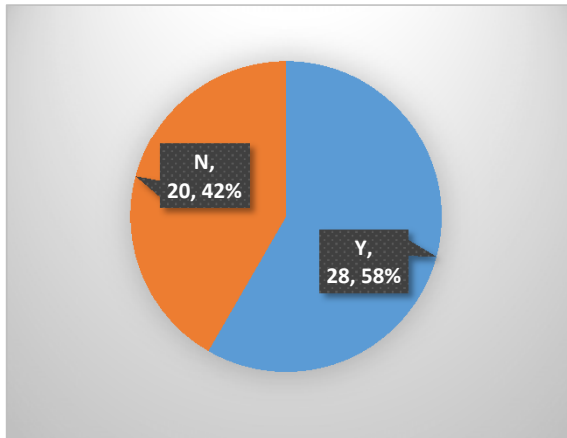


*Data as of September 2016

Attributed to Enrolled patients- Trend over Time



Are you experiencing barriers to enrolling attributed patients in your program? Please briefly describe.

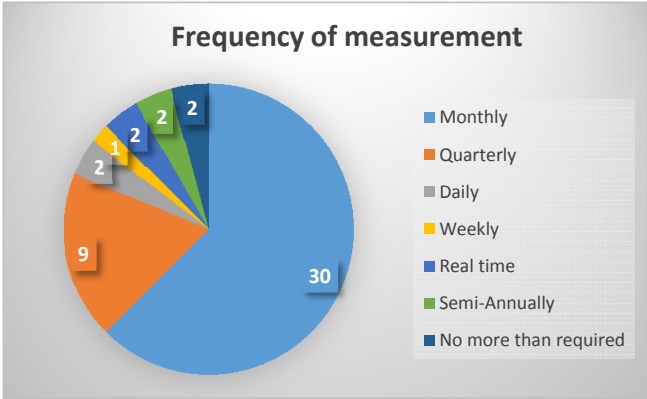
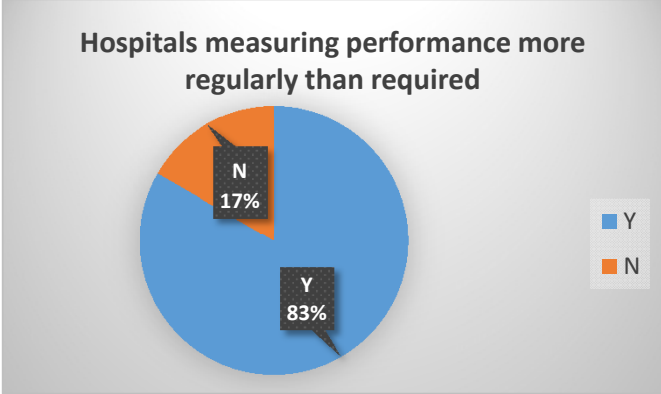


*Please note that one hospital did not respond to this question.

LC	Noted Barriers in enrolling attributed patients	Efforts taken to overcome barriers
LC1 Asthma/ Pneumonia	<ul style="list-style-type: none"> ▪ <u>St. Joseph's-</u> HIE alert messages do not specify patient by diagnosis. It is still difficult to identify our asthma attributed patients at time of arrival in the ED. 	
LC2 Behavioral Health/Chemical Addition/ Substance Abuse	<ul style="list-style-type: none"> ▪ <u>Inspira-</u> Our greatest challenge in enrolling our attributed population in our program, is that the highest level of care that we are seeing most of these patients at is in the Emergency Department. The hospital-wide screening for substance abuse disorder was meant to be assessed following an inpatient admission. 	<ul style="list-style-type: none"> ▪ Will continue to evaluate our resources to determine ability to address the need for assessment at multiple levels of care.
LC3/4 Cardiac Care	<ul style="list-style-type: none"> ▪ <u>Our Lady of Lourdes-</u> Admitting diagnosis is often listed as a complaint. A patient may be admitted with a chief complaint of abdominal pain, but may have underlying heart failure. 	<ul style="list-style-type: none"> ▪ The DSRIP RN has identified a previously unknown data source in our EMR that lists all known diagnoses. This allows the DSRIP RN to quickly identify project eligible patients.
LC5 Diabetes & Obesity	<ul style="list-style-type: none"> ▪ <u>Virtua-Burlington-</u> Extremely low enrollment to our out-patient based diabetes education program has been a constant challenge. 	<ul style="list-style-type: none"> ▪ The expanded in-patient education project is definitely allowing us to reach out to more eligible patients (low-income population) to enroll in the program for Diabetes education.



Does your hospital periodically measure Stage 3 and Stage 4 performance more regularly than required reporting timeframes? If so, what is the frequency of measurement? Monthly, Quarterly, Semi-annually, Annually, Other



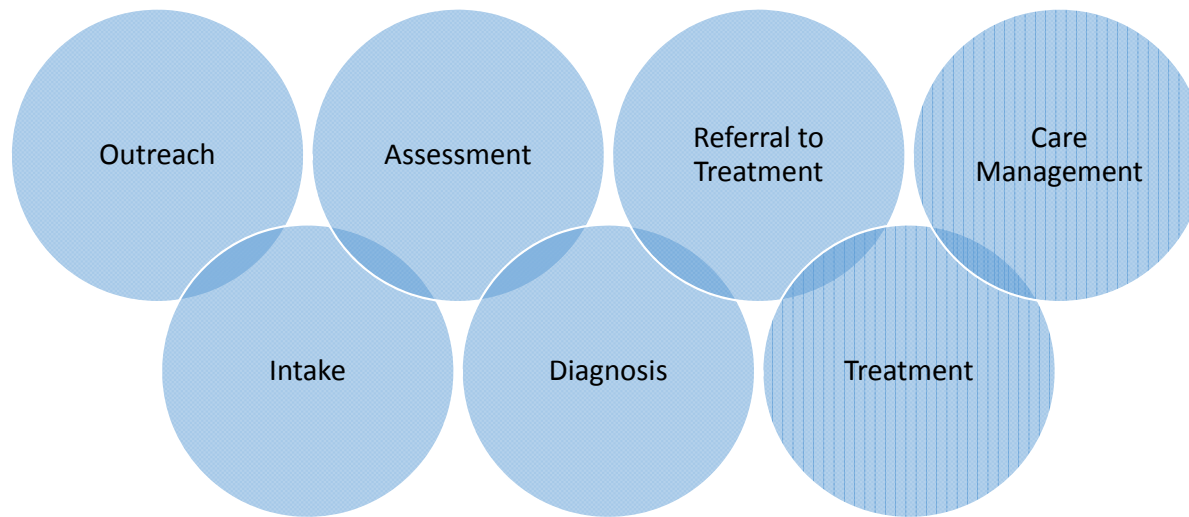
*Please note that one hospital did not respond to this question.

Patient Identification -

	Irregular Contact	Frequent Contact
High Complexity	Irregular Contact High Complexity	Frequent Contact High Complexity
Low Complexity	Irregular Contact Low Complexity	Frequent Contact Low Complexity



Patient Identification -Utilize the Full Care Continuum Contacts to outreach and connect



Patient Identification Considerations

Identify Prospective Patients – What steps do you take? Do you consider the following?

Identification of Target Population	Methodologies Utilized
Clinical Indicators	<ul style="list-style-type: none">• Creation of inclusion/exclusion criteria<ul style="list-style-type: none">○ What data will we need?• Risk Assessment matrix<ul style="list-style-type: none">○ Is a high-risk screening performed upon admission to your hospital?
Data Sources	<ul style="list-style-type: none">• Data Sources – EHR, manual and claims data<ul style="list-style-type: none">○ What data analytics will we use? Do we have the capability for “real-time” monitoring? What daily reports can we utilize? How do we identify high-utilizers?• Public data including, but not limited to: registry data, state and county data, community needs assessment<ul style="list-style-type: none">○ How can we leverage this data to support enrollment into our program?

Patient Identification Considerations

Identify Prospective Patients – What steps do you take? Do you consider the following?

Identification of Target Population	Methodologies Utilized
Payer Type	<ul style="list-style-type: none"> • Patients may be enrolled into the NJ DSRIP program regardless of payer type. • Only patients with a payer type of: Medicaid, CHIP, Charity Care or Dually Eligible (Medicare/Medicaid) are counted in the Stage 3 and Stage 4 measurement results.
Referral Sources	<ul style="list-style-type: none"> • HIE <ul style="list-style-type: none"> ○ Do you have the ability to identify prospective patients using a HIE? • Provider Referrals (Facility and Non-Facility) <ul style="list-style-type: none"> ○ How are you receiving referrals inside and outside of your hospital? ○ Partners relationships- What mechanisms do you have in place with your partners to identify patients? Are you sharing data?



Patient Identification Considerations

Identify Prospective Patients – What steps do you take? Do you consider the following?

Identification of Target Population	Methodologies Utilized
Attribution List	<ul style="list-style-type: none">• State-provided patient roster sent to DSRIP hospitals 2x a year<ul style="list-style-type: none">○ Have you reviewed and identified patients on your patient roster eligible for enrollment in your project?
Patient Contact Methodologies	<ul style="list-style-type: none">• Visit while inpatient• Mailings• Phone Calls• Texts• Health Fairs• Community Health Workers• Additional marketing efforts



THANK YOU



- ✓ 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 **December 16, 2016**

GROUP DISCUSSION SESSION