



Atlantic
Health System

Atlantic Health System
&
Delivery System Reform Incentive
Payment (DSRIP) Program

Atlantic Health System: Project 8, CHF-TP

Atlantic Health System makes up 4 of the 7 active CHF-TP NJ DSRIP projects:

- Morristown Medical Center
- Overlook Medical Center
- Newton Medical Center
- Chilton Medical Center



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Atlantic Health System: Project 8 CHF-TP, An Overview of the Project

- Morristown Medical Center presented about the project on February 12th 2015.

Refer to the slides on the NJ DSRIP webpage.

Meetings

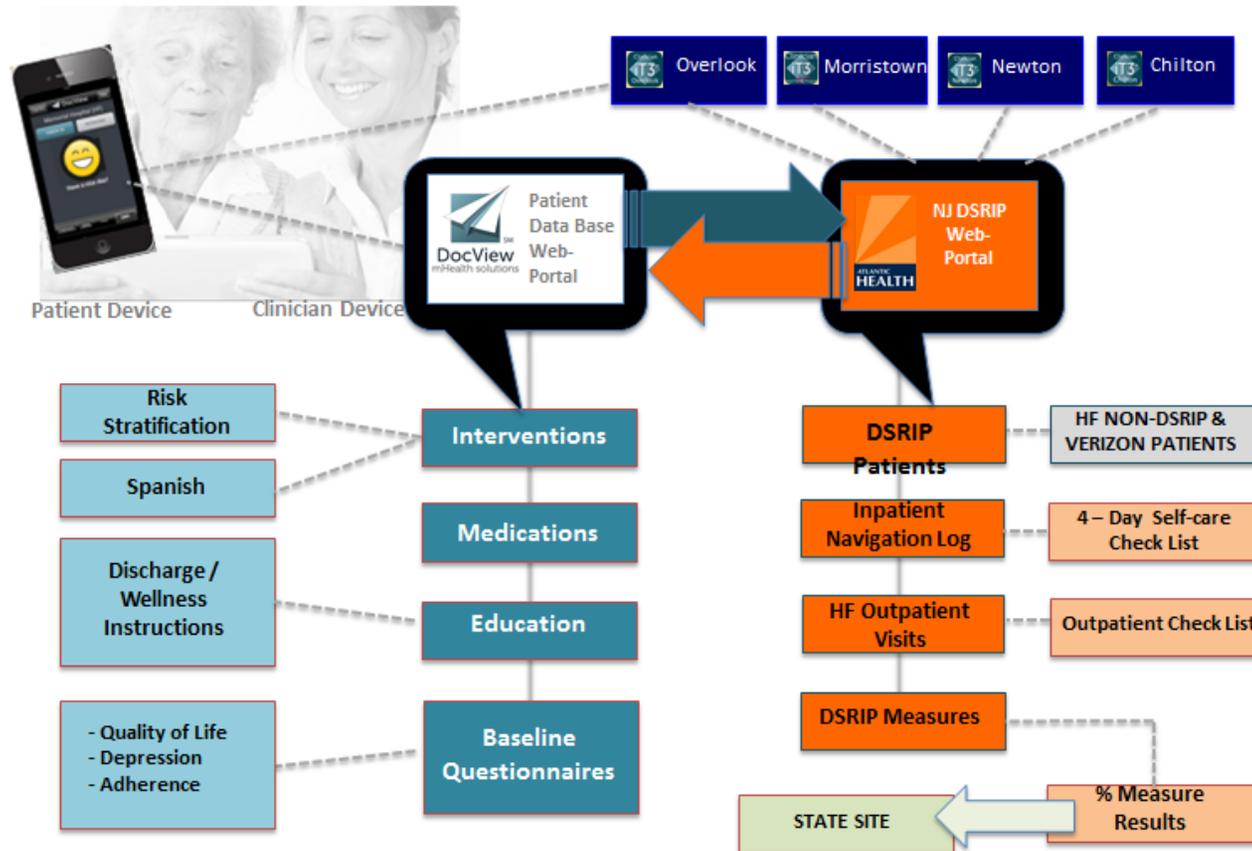
- 2014
- 2015
 - January 8, 2015
 - February 12, 2015
 - Learning Collaborative 1: 3:00 pm - 4:00 pm
 - [View the presentation slides](#)
 - [View Hospital-Led presentation slides](#)
 - Learning Collaborative 2: 2:00 pm - 3:00 pm
 - [View the presentation slides](#)
 - [View Hospital-Led presentation slides](#)
 - Learning Collaborative 3 & 4: 11:00 am - 12:00 pm
 - [View the presentation slides](#)
 - [View Hospital-Led presentation slides](#)
 - JFK Medical Center
 - Lourdes Medical Center of Burlington County
 - Morristown Memorial Hospital
 - R W Johnson University Hospital
 - Learning Collaborative 5: 10:00 am - 11:00 am
 - [View the presentation slides](#)
 - [View Hospital-Led presentation slides](#)



Interventions Implemented

- DocView mobile monitoring application:
 - DocView empowers patients and promotes disease self management, which results in improved healthcare outcomes.

Heart Success mHealth Workflow



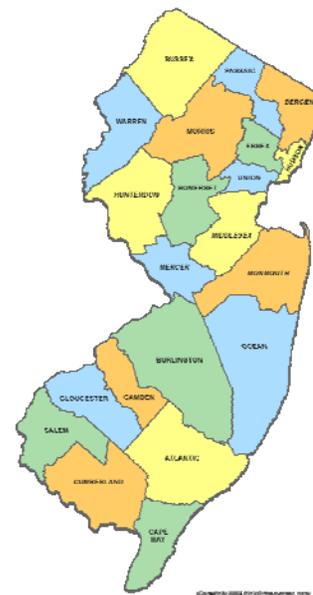
April Learning Collaborative Survey Response:

- Are you planning on using/engaging enhanced reporting partners?
 - Relationships with current AHS reporting partners need to be further cultivated
 - Relationships with enhanced reporting partners have not yet been identified



Challenges

- Participating in the same project across four AHS hospital sites: Varying patient demographics, volume & resources
 - The AHS operations team through the Heart Success Program is responsible for understanding community resources available for each of the 4 hospitals, which sees patients from Northern and Central regions of the state as well as Pike County, PA, and southern Orange County, NY. counties.



Challenges

- Limited resources:
 - Staff identified to participate in the DSRIP project
 - Time to cultivate relationships with reporting partners
 - Emergency supplies for patients such as food, medication
 - Establishing a “DSRIP” budget to purchase scales, pill boxes



Challenges

- Hospital coding structure:
 - Patients are often admitted with a “symptom code,” such as respiratory insufficiency, malaise & fatigue, chest pain and it takes time to screen patients for HF
 - Abstracted records of patients who meet DSRIP criteria and are given inpatient HF education and transitional care are not always coded with the **principal** diagnosis of HF, it is a secondary diagnosis
 - Examples: Atrial fibrillation/HF, NSTEMI/HF



Challenges

- Identifying:
 - Transportation for patients to appointments
 - Primary care physicians for Medicaid patients
 - Cardiologists
 - Medicaid HMO plans assigning PCPs outside of the AHS network
 - Contacts at clinics for patient communication



Challenges

- Patients following through with the full Medicaid application after receiving presumptive eligibility
- Communication with patients post discharge
 - Calls not accepted/returned by patients
- Patient agreement to participate in a home care visit (visit details below)

Patient instructed re: s/s of worsening heart failure, when to seek help with instruction to call the Heart Success number for assistance at 973-971-4179, seven days a week/24 hours a day.

Patient instructed on the purpose, schedule and side effects of each medication.

Patient instructed on the importance of maintaining an accurate medication list.

Pill box given to patient and instruction provided re: prefill procedure.

Appointment with Heart Success Clinic _____.

Patient verbalized the importance of regular MD follow-up.

Next MD visit is scheduled for _____.

Patient instructed regarding the importance of compliance with low sodium, taking into consideration individual preferences and socioeconomic needs.

Patient instructed how to read a food label.

Patient has a scale YES NO

Patient instructed to weigh self daily/same time/same clothes/same scale location



Successes

- Patients are being identified, and this population is being impacted
- Patient compliance with the DocView mobile monitoring application

DSRIP FOR NMC
05/05/15 at 05:58 AM

Facility-Station	Account Number	Patient Name	Gender	Age	Attnd MD	Room-bed	Admitting	Diagnosis	Description
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Successes: Achieving the Triple Aim

- **Patient CC:** Admitted to OMC in November with AFIB and HF, EF <20%, alcohol induced cardiomyopathy. Repeat echo in February EF >40%.
- **Patient JZ:** Admitted to CMC in December & transferred to MMC status post CABG discharged EF <30%. Repeat echo in March EF >50%.
- **Patient RM:** Admitted to NMC in November & transferred to MMC status post CABG in December EF <30%. Repeat echo in February EF >55%.
- **Patient JH:** Admitted to MMC in December EF <30%, followed up with Heart Success at NMC. Repeat echo in March EF >45%.



Successes

- **Patient PM:** Identified a way to help a homeless Medicaid beneficiary access Eliquis, an anticoagulation therapy alternative for Coumadin

**Application forms can be downloaded from the Bristol-Myers Squibb patient assistance website: www.BMSPAF.org **

