

DSRIP BEHIND THE SCENES

Understanding the Measures, the Processes and the Data Validation

Robert Wood Johnson | RWJ Barnabas
University Hospital HEALTH

RWJBarnabas Health

- 32,000 employees
- 9,000 physicians
- 1,000+ residents and interns
- 11 acute care hospitals
- 3 children's hospitals
- A pediatric rehabilitation center
- A behavioral health center
- Ambulatory care centers
- 5 fitness and wellness centers
- Geriatric centers
- Homecare and hospice programs
- Medical groups and physician practices
- Accountable Care Organizations

RWJBarnabas Health

- The most comprehensive health system in the state
- **Provide treatment and services for over 3 million patients, each year**
- 283,000 inpatients and same day surgery patients
- 700,000 Emergency Department patients
- 2 million outpatients
- More than 23,000 babies delivered annually
- .

RWJBarnabas Health and DSRIP

- Clara Maass Medical Center
- Community Medical Center
- Jersey City Medical Center
- Monmouth Medical Center
- Monmouth Med Center – Southern Campus
- Newark Beth Israel Medical Center
- RWJ University Medical Center
- RWJ University Med Center at Hamilton
- St. Barnabas Medical Center

RWJ University Hospital

- 965-bed academic medical center with campuses in New Brunswick and Somerville
- Offers Central New Jersey residents expanded access to the highest quality medical services.

RWJ University Hospital DSRIP

- **PROJECT 6**
- **Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions**
- The objectives for this project are:
 - 1) reduce readmissions,
 - 2) reduce admissions,
 - 3) increase patient satisfaction,
 - 4) improve medication management, and
 - 5) improve care processes

THE MEASURES

Program Summary: DSRIP

Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions (AMI/HF)

Metrics & Milestones



Program Metrics	Data Source	Reporting Entity/Setting of Care	Reporting Period	DY3	DY4	DY5	Total DY3-DY5	P4P
Stage III Measures								
6.1 ACE/ARB for Left Ventricular Systolic Dysfunction*	Chart/EHR	Hospital/Inpatient Care	Annual; April	133,731	0	0	\$ 133,731.00	
6.2 Controlling High Blood Pressure	Chart/EHR	DSRIP Network/Outpatient Care	Annual; April	144,538	15,309	22,514	\$ 182,361.00	
6.3 Post-Discharge Appointment for Heart Failure Patients	Chart/EHR	Hospital/Inpatient Care	April/October	133,731	0	0	\$ 133,731.00	
6.4 Medication Reconciliation	Chart/EHR	DSRIP Network/Outpatient Care	Annual; April	133,731	0	0	\$ 133,731.00	
6.6 30-Day All-Cause Readmission Following HF Hospitalization*	MMIS***	Department/Inpatient Care	Annual; April	10,807	310,015	393,989	\$ 714,811.00	Y
6.7 30-Day All-Cause Readmission Following AMI Hospitalization*	MMIS***	Department/Inpatient Care	Annual; April	10,807	310,015	393,989	\$ 714,811.00	Y
6.8 Heart Failure Admission Rate*	MMIS***	Department/Inpatient Care	Annual; April	50,464	363,785	483,078	\$ 897,327.00	Y
6.9 Timely Transmission of Transition Record	Chart/EHR	Hospital/Inpatient Care	April/October	0	294,703	371,475	\$ 666,178.00	Y
Stage IV Measures								
Inpatient Utilization – General Hospital/ Acute Care	MMIS***	Department/ Inpatient Care	Annual; April	10,807	15,309	22,514	\$ 48,630.00	
Mental Health Utilization	MMIS***	Department/ Inpatient Care, Outpatient Care	Annual; April	10,807	15,309	22,514	\$ 48,630.00	
Pneumococcal Immunization (PPV 23)	Chart/ EHR	Hospital/ Inpatient Care	Annual; April	10,807	15,309	22,514	\$ 48,630.00	

THE MEASURES



New Jersey DSRIP Performance Measurement Databook



Measure:

DSRIP #:
31

Controlling High Blood Pressure (CBP)

Measure Description:

The percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Data Source:

Chart/ EHR

NQF #:

0018

Measure Steward:

NCQA

Measure Steward Version:

2013

Measure Calculation Description

Numerator:

The number of patients in the denominator whose most recent blood pressure (BP) is adequately controlled during the measurement year.

Adequate Control - For the patient's BP to be controlled, *both* the systolic and diastolic BP *must be* <140/90 (adequate control). To determine if a patient's BP is adequately controlled, the representative BP must be identified.

Follow the steps below to determine representative BP:

THE MEASURES

DSRIP Incentive Impact		
Project Title: Project 6 - Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions	Project Code: 6.2	Payment Method: Pay for Reporting
Project Title: Project 7 - Extensive Patient CHF-Focused Multi-Therapeutic Model	Project Code: 7.3	Payment Method: Pay for Reporting
Project Title: Project 8 - The Congestive Heart Failure Program (CHF-TP)	Project Code: 8.3	Payment Method: Pay for Reporting
Project Title: Project 11 - Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension	Project Code: 11.8	Payment Method: P4P
Project Title: Project 12 - Diabetes Group Visits for Patients and Community Education	Project Code: 12.6	Payment Method: P4P
Universal Measure: Yes	Universal Code: NA	Payment Method: NA

THE MEASURES



NATIONAL
QUALITY FORUM

Search



About Us

News

NQF Work ▾

NQF's Roadmap to Health Equity

Full Story

Incentivize
the Reduction of
Health Disparities
and Achievement
of Health Equity

Invest
in the Development and
Use of Health Equity
Performance Measures



Identify
and Prioritize Reducing
Health Disparities

Implement
Evidence-Based
Interventions to
Reduce Disparities

NQF. Health Equity Roadmap. 2017

THE MEASURES

Measures		Portfolios (123)		Compare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Add to Portfolio <input type="checkbox"/>		Results Per Page: 25											
Show:	Portfolio Title	Owner Organization	Updated	Status															
<input type="radio"/> My Portfolios	QPID Focus Measures (2018)	AltaMed Health Services	Oct 07, 2017	Published															
<input type="radio"/> Others' Portfolios	QPS	Bellevue College	Oct 25, 2016	Published															
<input type="radio"/> All Portfolios	Quality Measures for Diabetic Retinopathy	Precision for Medicine	Sep 08, 2015	Published															
<div style="background-color: #6a3d9a; color: white; padding: 10px;"> <p>Field Guide to NQF Resources:</p> <p>An online reference to help you quickly access NQF resources related to quality measurement. ></p> </div>											Quality of Life measures	StollenWerks Inc	Jun 01, 2014	Published					
											Quality of Life, Functional Status & Health Outcomes	National Quality Forum	Apr 02, 2013	Published					
											Radiation Oncology	NEMG - Yale New Haven Health System	Jan 31, 2014	Published					
											Readmission Measures	UCSF	Dec 07, 2011	Published					
											Renal	National Quality Forum	Sep 27, 2017	Published					
											Renal: ESRD and CKD	Arbor Research Collaborative for Health	Oct 12, 2011	Published					
											RWJUH DSRIP	Robert Wood Johnson University Hospital	Apr 25, 2014	Unpublished (Subscribed)					
											Safety: Healthcare-associated Conditions	National Quality Forum	Apr 02, 2013	Published					

THE MEASURES

Relevant Website(s):

Data not available

Owner Keywords:

Data not available











Owner Organization:
Robert Wood Johnson University Hospital

Owner:
Andrew Thomas

Created Date:
April 25, 2014

Last Modified Date:
April 25, 2014

Measures Within This Portfolio (7 Measures):

NQF#	Title	Steward	Updated	
0228	3-Item Care Transition Measure (CTM-3)	University of Colorado Denver Anschutz Medical Campus	Jan 07, 2015	 
0277	Congestive Heart Failure Rate (PQI 08)	Agency for Healthcare Research and Quality	Jan 18, 2012	 
0018	Controlling High Blood Pressure	National Committee for Quality Assurance	Jan 16, 2012	 
0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (Multiple Formats Available)	AMA-PCPI	Feb 19, 2016	 
2907	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (emeasure)	AMA-PCPI	Mar 28, 2017	
3050	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	AMA-PCPI	Mar 28, 2017	
0505	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.	Centers for Medicare & Medicaid Services	Dec 09, 2016	 

THE MEASURES

#0018 Controlling High Blood Pressure, Last Updated: Oct 02, 2017



NATIONAL
QUALITY FORUM

Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcritierion 1b).

Brief Measure Information

NQF #: 0018

Corresponding Measures:

De.2. Measure Title: Controlling High Blood Pressure

Co.1.1. Measure Steward: National Committee for Quality Assurance

De.3. Brief Description of Measure: The percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled during the measurement year based on the following criteria:

- Patients 18–59 years of age whose blood pressure was <140/90 mm Hg.
- Patients 60–85 years of age with a diagnosis of diabetes whose blood pressure was <140/90 mm Hg.
- Patients 60–85 years of age without a diagnosis of diabetes whose blood pressure was <150/90 mm Hg.

1b.1. Developer Rationale: One out of every three Americans have hypertension, or high blood pressure (Fields, 2004). Even with the availability of effective treatment options, more than half of Americans with hypertension are untreated or do not have optimal levels of blood pressure while under treatment (AHA, 2010). Improvements in quality or better control of blood pressure as related to this measure would help significantly reduce the probability of serious and costly complications, including coronary artery disease, congestive heart failure, stroke, ruptured aortic aneurysm, renal disease and retinopathy.

THE PROCESS

- EHR Data Abstraction

VITAL SIGNS

Temperature <input type="text"/>	Temp Method <input type="text"/> <input type="text"/>	Pulse rate <input type="text"/>	Pulse Site <input type="text"/> <input type="text"/>	Respiratory Rate <input type="text"/>
BP <input type="text"/>	Location <input type="text"/>	Position <input type="text"/>	BP Method <input type="text"/> <input type="text"/>	
Pulse Ox <input type="text"/>	Oxygen Support <input type="text"/> <input type="text"/>			

WEIGHT

Admission Weight in Pounds <input type="text"/>	Weight in Kilograms <input type="text"/>
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- Documents were built to capture specific data points based on specification in the data book.

BLOOD PRESSURE MANAGEMENT

:

[answer all]

Blood pressure obtained

Blood pressure controlled [is <140/90]

ESRD

Is pregnant

THE PROCESS

- **INTERNAL HOSP DATA**
- Leverage data that is already available internally
- Example: CLABSI

- **OUTSIDE VENDORS**
- Facilitate abstraction of measures
- Example: evaluation of LVS function, elective delivery, cesarean section, antenatal steroids, and incidence of potentially preventable VTE.

THE PROCESS

6.6	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	3	0330	CMS	MMIS	Department/ Inpatient Care	P4P	Annual; April
6.7	30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	1	0505	CMS	MMIS	Department/ Inpatient Care	P4P	Annual; April
6.8	Heart Failure Admission Rate	45	0277	AHRQ	MMIS	Department/ Inpatient Care	P4P	Annual; April
6.9	Timely Transmission of Transition Record	80	0648	AMA-PCPI	Chart/ EHR	Hospital/ Inpatient Care	P4P	Semi-annual; October, April

THE VALIDATION

- Random manual chart review to ensure that results pulled by query of the EHR are accurate.
- Review of all charts that do not meet the measure criteria
- Review all MMIS data if its outside our “forge threshold” for our internal data
 - Manually review first 10 charts that do meet measure criteria.
 - If less than 100% accurate, review another 10 charts and submit an appeal to NJ DSRIP.

THE VALIDATION

Measure:

DSRIP #:

80

Timely Transmission of Transition Record

Measure Description:

Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Data Source:

Chart/EHR

NQF #:

0648

Measure Steward:

AMA-PCPI

Measure Steward Version:

2009

THE VALIDATION

Measure Calculation Description

Numerator:

Patients for whom a transition record was transmitted to the facility or primary care physician or other health care professional designated for follow-up care within 24 hours of discharge.

Transition record - a core, standardized set of data elements related to patient's diagnosis, treatment, and care plan that is discussed with and provided to patient in printed or electronic format at each transition of care, and transmitted to the facility/physician/other health care professional providing follow-up care. Electronic format may be provided only if acceptable to patient.

Transmitted - transition record may be transmitted to the facility or physician or other health care professional designated for follow-up care via fax, secure e-mail, or mutual access to an electronic health record (EHR).

Primary physician or other health care professional designated for follow-up care - may be a designated primary care physician (PCP), medical specialist, or other physician or health care professional

Denominator:

Of the New Jersey Low Income attributed population, all patients, regardless of age, discharged from an inpatient facility (i.e. hospital inpatient) to home/self care or any other site of care with a diagnosis of care or working diagnosis of Congestive Heart Failure (CHF) Appendix A-30.

See Table 80.1 for codes to identify patients discharged from an inpatient facility

THE VALIDATION

- Manual review of all charts that do not meet measure criteria
- Check for follow up appointments
- Check if follow up medical provider has access to Relay Health (HIE) or Hospital Records
- If all is negative then the patient does not meet criteria.
- If validation shows that patient does not meet measure criteria, a resolution is discussed and implemented.
 - For the case of Timely Transmission of Records, provider will be offered HIE registration.

THE CONCLUSION

- Understand and follow your measures
- Develop an automate your data collection process
- Develop and maintain a process to validate your data
- Evaluate the whole process frequently
- Finally, your measures, your data collection, your validation process and your evaluation must improve the patients experience of care, improve the health of the community and reduce the overall cost of healthcare.

THE QUESTIONS