DSRIP Webinar 10: Targeting Improvement - Goals and Next Steps

October 29, 2015
New Jersey Department of Health (NJDOH)

Prepared by: Myers and Stauffer LC
Training Session Objectives

✓ Review approved Improvement Target Goals (ITGs)
  ▪ Development process
  ▪ Assignment logic
✓ Discuss Expected Improvement Target Goals (EITG)
  ▪ Review calculation process
  ▪ Review gap reduction statistics
  ▪ Year over year performance scenarios
✓ Review substitution methodology
✓ Discuss attribution for future performance periods
✓ Review information available via web portal
✓ Next steps
Improvement Target Goals (ITGs)

- **Improvement Target Goal** - The Improvement Target Goal serves as the standard level of performance that New Jersey hospitals will strive to obtain as recommended by the Quality & Measures Committee and agreed to by the Department and CMS. (See Funding and Mechanics Protocol Section II.C.ii)

  • The Improvement Target Goal for any given metric will be no less than the 75\(^{th}\) percentile and no higher than the 90\(^{th}\) percentile.

  • For measures that have insufficient data to compile a New Jersey Low Income Improvement Target Goal, the Department, or its designee, will determine if there are publicly available benchmarks (e.g. national, Medicare-only, or commercial) that may be substituted for the New Jersey Low Income Improvement Target Goal.
Performance Measure Requirements – Baseline Threshold and Substitution

- **Baseline Performance Threshold** – It is the expectation that a hospital will select a project for which substantial need for improvement in the Focus Area is reflected; (See Planning Protocol, Section VII.A.iii)
  - For each Stage 3 P4P metric, a performance threshold will be established using baseline data to determine if substantial improvement is achievable.
  - the lower of 20 percentile points below the metric’s high performance level (improvement target goal), based on New Jersey hospital’s data, or
  - 20 percentile points below the 95th percentile of national performance data, if national data is available for the low income population
  - If there is insufficient information to use the Gap Reduction Method, hospitals will be required to improve a simple ten percent off baseline.

- **Substitution** – If sufficient improvement is not possible. Hospitals will be required to substitute another measure for P4P achievement.
Improvement Target Goals (ITGs)

- Number of Stage 3 pay for performance (P4P) measures shown by Project, Data Source, and Reporting Period.

<table>
<thead>
<tr>
<th>Project</th>
<th>P4P Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
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<tr>
<td>6</td>
<td>4</td>
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<tr>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
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<td>11</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>P4P Measures/ Stratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart/ EHR</td>
<td>8</td>
</tr>
<tr>
<td>MMIS</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>P4P Measures/ Stratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Annual</td>
<td>6</td>
</tr>
<tr>
<td>Annual</td>
<td>20</td>
</tr>
</tbody>
</table>
Improvement Target Goals (ITGs) – development process

- DSRIP Team sorted NJ participating hospital performance by percentile range distributions, specifically identifying 90th percentile performance and 70th percentile baseline performance.

- DSRIP Team did an exhaustive search for comparable, publicly available national benchmark data.

- DSRIP Team reviewed all relevant results with the Quality and Measures Committee (QMC) to set recommendations.

- DSRIP Team reviewed all recommendations with CMS, completed adjustments until agreement was reached on ITGs.
Improvement Target Goals (ITGs)

- **ITG Setting Hierarchy:**

1. 90\textsuperscript{th} or 75\textsuperscript{th} percentile of DSRIP-participating hospitals, if 10 or more hospital results are available.

2. If unavailable then use the 95\textsuperscript{th} percentile of National NJ-specific statewide benchmark, if available.

3. If unavailable then use the 95\textsuperscript{th} percentile of National benchmark, if available.

4. If unavailable then use 90\% compliance for process measures.
Improvement Target Goals (ITGs) – Measure Example

Diabetes - DSRIP # 31 – Controlling High Blood Pressure

- **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).

- **Denominator:**
  Of the New Jersey Low Income attributed population, those patients aged 18-85 years of age with a diagnosis of hypertension.

- Sampling is Applicable.

- **Improvement Direction:**
  ↑ A higher rate is better. As shown as a percentage.
Improvement Target Goals (ITGs) – Measure Example

Diabetes - DSRIP # 31 – Controlling High Blood Pressure

• **Measure Background:**
  o Measure steward – HEDIS – The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 81 measures across 5 domains of care. [http://www.ncqa.org/HEDISQualityMeasurement.aspx](http://www.ncqa.org/HEDISQualityMeasurement.aspx)

• **ITG Recommendation:**
  o ITG rationale: There are 31 DSRIP hospital results which is greater than the 10 results required to use a DSRIP-based ITG.
  o Recommended ITG - NJ DSRIP 90th percentile (90% of DSRIP hospital results were below this value).
  o ITG value: 96%
### Improvement Target Goals (ITGs)

<table>
<thead>
<tr>
<th>Benchmark Type</th>
<th>Measure/Stratification Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DSRIP 90&lt;sup&gt;th&lt;/sup&gt; Percentile</td>
<td>11</td>
<td>NJ DSRIP participating hospital performance data</td>
</tr>
<tr>
<td>NJ DSRIP 75&lt;sup&gt;th&lt;/sup&gt; Percentile</td>
<td>5</td>
<td>NJ DSRIP participating hospital performance data</td>
</tr>
<tr>
<td>New Jersey Statewide</td>
<td>2</td>
<td>All New Jersey hospitals, statewide performance data</td>
</tr>
<tr>
<td>National - HEDIS</td>
<td>2</td>
<td>National HEDIS – Medicaid-only performance data</td>
</tr>
<tr>
<td>National – MNCM</td>
<td>1</td>
<td>Participating Minnesota performance data</td>
</tr>
<tr>
<td>90% Compliance</td>
<td>5</td>
<td>Process measures with expected high compliance</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td><strong>Note:</strong> One measure has stratification across two benchmark types.</td>
</tr>
</tbody>
</table>

ITGs were set based on analysis of available data and benchmarks, the number of hospitals with high performance, and the number of hospitals with low performance. Careful attention was paid to balancing the impact of substitution and ensuring measurable, achievable improvement.
Expected Improvement Target Goals (EITG)

• Definitions
  o Improvement Target Goal (ITG) – High performance goal for all hospitals.
  o Expected ITG – Yearly improvement target per hospital and P4P measure.
  o Baseline – Initial performance result in first year. In future years, it is the better result between actual result and the EITG.
  o Gap – The difference between ITG and baseline.
  o Required Reduction in Gap – the amount as a percent that the hospital must close between existing result and ITG.
  o Incentive Provision – A smaller gap reduction value will be used for hospitals that met.
  o Required Measure Change – the amount the measure results must change between current baseline and ITG.
## Expected Improvement Target Goals (EITGs)

- **Hospital Example A - Controlling High Blood Pressure.**
  - Higher result indicates improvement.

<table>
<thead>
<tr>
<th>Line</th>
<th>Results described</th>
<th>Incentive 8% Gap Reduction Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 1</td>
<td>Improvement Target Goal</td>
<td>96.000</td>
</tr>
<tr>
<td>Line 2</td>
<td>Baseline</td>
<td>54.569</td>
</tr>
<tr>
<td>Line 3</td>
<td>Gap = Improvement Target Goal – Baseline ([\text{Line 1} – \text{Line 2}])</td>
<td>41.431 (96.000 – 54.569)</td>
</tr>
<tr>
<td>Line 4</td>
<td>Required reduction in the gap (8%)</td>
<td>8%</td>
</tr>
<tr>
<td>Line 5</td>
<td>Required reduction = Gap * Reduction % ([\text{Line 3} * \text{Line 4}])</td>
<td>3.314 (41.431 * 8%)</td>
</tr>
<tr>
<td>Line 6</td>
<td>Expected Improvement Target Goal ([\text{Line 2} + \text{Line 5}])</td>
<td>57.883 (54.569 + 3.314)</td>
</tr>
</tbody>
</table>
**Expected Improvement Target Goals (EITGs)**

- **Hospital B Example - Heart Failure Admission Rate**
  - **Lower result indicates improvement.**

<table>
<thead>
<tr>
<th></th>
<th>Results measured as rate / 1,000</th>
<th>Incentive 10% Gap Reduction Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 1</td>
<td>Improvement Target Goal</td>
<td>1.910</td>
</tr>
<tr>
<td>Line 2</td>
<td>Baseline</td>
<td>5.298</td>
</tr>
</tbody>
</table>
| Line 3 | Gap = Baseline - Improvement Target Goal 
\[Line 2 – Line 1\] | 3.388 (5.298 – 1.910)             |
| Line 4 | Required reduction in the gap (10%) | 10%                               |
| Line 5 | Required reduction = Gap * Reduction % 
\[Line 3 * Line 4\] | .339 (3.388 * 10%)                |
| Line 6 | Expected Improvement Target Goal 
\[Line 2 - Line 5\] | 4.959 (5.298 - .339)              |
The calculated average gap reduction for EITGs for all participating hospitals based on 2014 data was 0.76%.
Expected Improvement Target Goals (EITGs)

Numerator Impact
Performance Period ended 12/31/2014

<table>
<thead>
<tr>
<th>Measure Observations</th>
<th>Less than 1</th>
<th>1 - 1.999</th>
<th>2-4.999</th>
<th>5-9.999</th>
<th>10 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>89</td>
<td>24</td>
<td>20</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

- Maximum Numerator Impact = 54.57 patients
- The average Numerator Impact for all measure observations (Observation = Measure & Provider) was 2.159 new patients.
- 75 percent of measurement observations will require fewer than two new patients in order to meet the performance target. This assumes that current quality of care, patient mix, and eligible patients remain the same from the current period.
Pay for Performance Impact

• Stage 3 Payment
  o Achievement Value (P4P measures only)
    o Annual Measure: 1 if EITG met
    o Semi-annual Measure: 0.5 if EITG met
    o 0 if not EITG not met
  o Sum of Achievement Values / Total P4P Measures = Percent Achievement Value
  o Stage 3 Target Funding * Percent Achievement = Stage 3 Payment
  o If EITG not met, payment for measure forfeited to the Universal Performance Pool (UPP).

➢ Note: All Stage 3 measures (including Pay for Reporting) must be submitted or entire Stage 3 payment will be forfeited to the UPP.
Performance Measure Result
Scenarios
Performance Measure Result Scenarios

Graph Description

Diagram:
- **Baseline Performance Threshold**: The starting point for performance measurement.
- **Improvement Target Goal**: The desired outcome after making improvements.
- **EITG Met Example**: A visual representation showing actual results against targets.
- **Performance Result**: The measured outcome for each year.

Legend:
- **Improvement Target Goal**
- **Performance Threshold**
- **Result**
- **EITG**

Performance Period:
- 2014
- 2015
- 2016
Performance Measure Result Scenarios

Example 1: When an EITG is met. Next year’s EITG is calculated on last result.
Performance Measure Result Scenarios

Example 2: When an EITG is not met for a performance period. Next EITG calculated from last EITG.
Performance Measure Result Scenarios

For MMIS measures, if either 2013 or 2014 are under performance threshold, substitution will not apply.

Example 3: 2013 performance is below the threshold.
Example 4: 2014 performance is below the threshold.

Note: MMIS ITGs were set using 2013 data. Chart/EHR ITGs were set using 2014 data.
Performance Measure Result Scenarios

Example 5: If both 2013 and 2014 are above threshold, substitution applies.

Example 5: Substitute

Result

Improvement Target Goal
Performance Threshold
Result

Performance Period

2013 2014 2015
Performance Measure Result Scenarios

Example 6: If 2014 result is above the ITG, substitution applies.

![Example 6: Substitute](chart.png)
Performance Measure Result Scenarios

Example 7: If ITG is exceeded in 2015, substitution will not apply, performance is expected to be maintained.
Twenty-nine Stage 3 P4P measures across twenty-four DSRIP providers require substitution.

179 Total P4P measure observations. (Observation = Measure & Provider)

29 P4P measure observations require substitution.

20 DSRIP participating providers require exactly one measure substitution.

4 DSRIP participating providers require substitution of multiple measures.

Less than one in five P4P measure observations require substitution.
Substitution Process

For measures that require substitution, the hospital will pick from the following options until all required measures have been replaced:

- Decrease the number of P4P measures by 1 (can only use once)
- Non-cardiac projects: Choose low performing Stage 4 measure
- Cardiac projects: Choose a Million Hearts measure
- Stage 3 measure from substitution list (MMIS or Chart/EHR)
Substitution Process

- By November 6th all hospitals will receive an email notification identifying the hospital specific measures that require substitution.

- Included will be a Substitution Selection form that will allow the hospital to select the following:
  1. Reduce P4P count by 1 measure, resulting in reallocation of P4P Stage 3 incentive payment.
  2. Select a Stage 3 substitution measure available for this project as indicated in the databook and Stage 3 Addendum.
     - Note - If a Stage 3 chart/EHR measure is chosen - 2014 AND 2015 data will be required to be submitted during the next reporting cycle (April 2016) so P4P incentive can be computed.
Substitution Process

3. Select a Stage 4 low performing measures.
   • Note: Stage 4 selection options will take into consideration:
     a. whether there is existing or available ITG benchmark data, or whether the 90% compliance can be used
     b. whether the data is reliable
     c. Whether the measure impacts a small sub-population (Ex: remove immunizations and HIV measures)

- By November 20th submit Substitution Selection form to the NJ DSRIP email. If a substitution measure is not selected, the Department will make a selection on the behalf of the hospital, including reducing the number of measures.
- A substituted measure can be reinstated for incentive payment if result regresses below performance threshold. For all future reporting submissions, substituted measures must continue to be reported.
Semi-Annual Attribution Update

• Upon review by CMS, CMS has directed New Jersey to transition to semi-annual attribution during the 2016 performance period.
  
  o A patient attribution roster will be released in February for April 2016 reporting.

  o A second patient attribution roster will be released in August 2016 for October 2016 reporting.
Web Portal Detailed Measure Results

- The website’s Measure Results page will be updated with EITG’s and be available after this webinar.
- Updates include:
  - EITGs listed in the Stage 3 Detail Page
  - New Measure Detail page available by clicking on a linked measure
  - 4 new graphs summarizing measure performance
Web Portal Detailed Measure Results

New P4P measure carousel for results at a glance.

### Hospital Achievement Summary

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maximum Total Achievement Value</th>
<th>Total Achievement Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3 Measures</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Stage 4 Measures</td>
<td>29.0</td>
<td>29.0</td>
</tr>
<tr>
<td>UPP Measures</td>
<td>12.0</td>
<td>12.0</td>
</tr>
</tbody>
</table>
Web Portal Detailed Measure Results

Hospitals will be able to click on the Measure Name to drill down and review measure detail. (Excludes measures that have been substituted and non-P4P measure stratifications.)

P4R Criterion and EITG values are now displayed.
Web Portal Detailed Measure Results

This table provides all detailed information used to calculate EITG. This information is also included in the spreadsheet available through the “Download Data” button.
Web Portal Detailed Measure Results

Pay for Performance

• The gray bar represents the Improvement Target Goal for the measure
• Original result is shown as a baseline across all periods
• EITG line is blue when looking at next period’s goal
• EITG line will turn green if the goal is Met
• EITG line will turn red if the goal is Not Met
Web Portal Detailed Measure Results

DSRIP Performance by Percentile

- Results grouped by percentile to illustrate where hospital is compared to peer
- Hospital is the black bar
- Darker colors are hospitals in the same project
- Purple dotted line represents the median
- Red line represents the mean
- Bar colors represent various performance levels
Web Portal Detailed Measure Results

Performance over Time

- Hospital’s results over time compared to the DSRIP or Project Median (as applicable)
- Hospital’s result in blue
- DSRIP/Project Median in red
- DSRIP Median is provided for Stage 4 and UPP measures
- Project Median is provided for Stage 3 P4R measures
Web Portal Detailed Measure Results

UPP Performance
- Hospital’s UPP performance with the goal of not regressing from the prior year
- Hospital’s result as a gray bar
- Blue line to show the next period’s goal
- Line will turn green if the goal is Met
- Line will turn red if the goal is Not Met
Next Steps

1. Log in to the Web Portal and review your detailed-level performance results. Pay careful attention to your P4P measure EITG values.

2. Submit questions to dsrip email njdsrip@mslc.com.

3. Review the substitution email and substitution selection form that will be sent to your hospital by November 6th.

4. Attend the follow-up Q&A webinar scheduled to replace LC in November on November 12th, 1-2 pm EST.
   • Questions to be included in the follow-up webinar should be submitted by COB November 6th.

5. Submit your Substitution Selection form by November 20th.
Q & A