State of New Jersey
Department of Health

DSRIP Webinar 10:
Targeting Improvement - Goals and Next Steps

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

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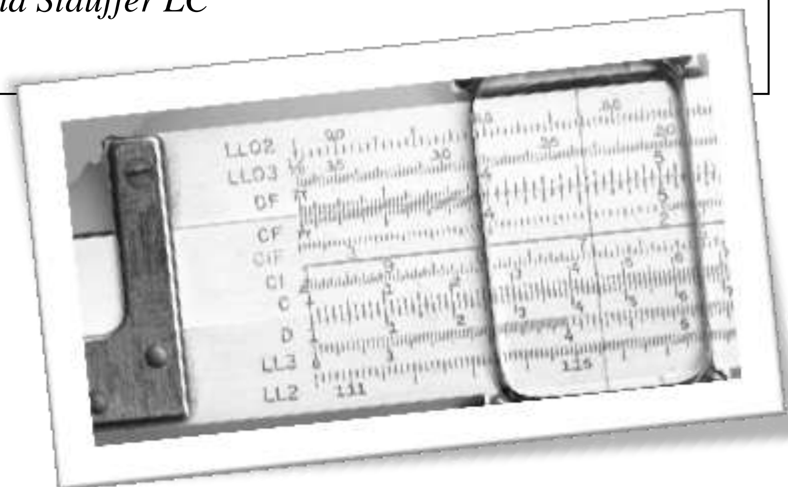

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Training Session Objectives

- ✓ 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

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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 75th percentile and no higher than the 90th 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.

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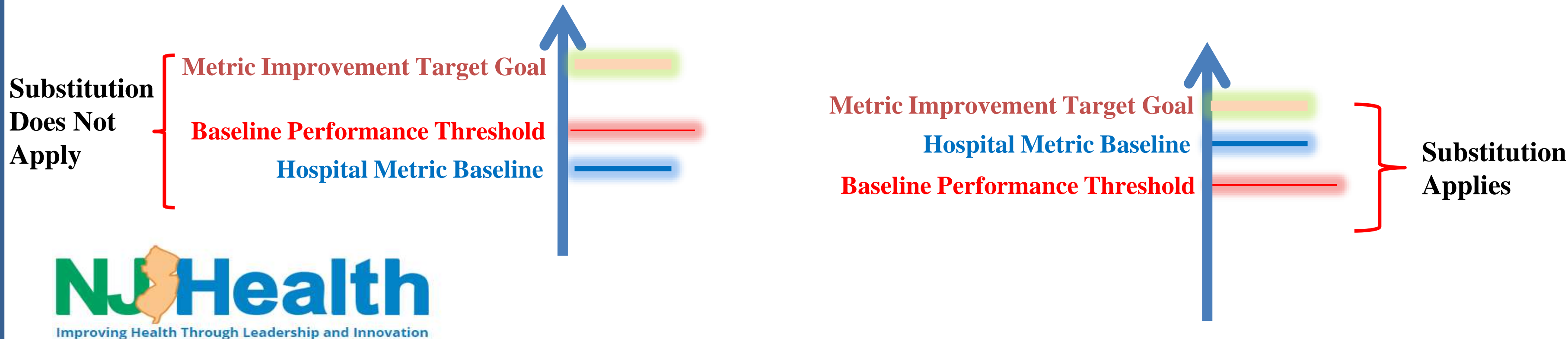
Performance Measure Requirements – Baseline Threshold and Substitution

- **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.

Project	P4P Measures
1	4
2	4
3	4
5	4
6	4
7	3
8	3
9	2
11	5
12	4
15	2
17	2

Source	P4P Measures/ Stratification
Chart/ EHR	8
MMIS	18

Reporting Period	P4P Measures/ Stratification
Semi-Annual	6
Annual	20

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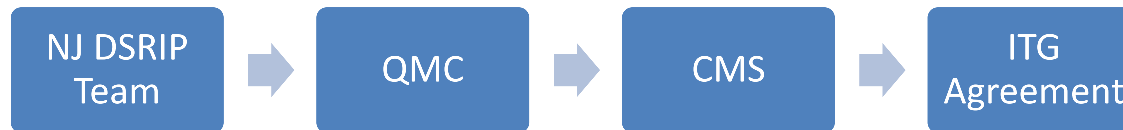
Improvement Target Goals (ITGs) – development process



- 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.

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Improvement Target Goals (ITGs)

➢ **ITG Setting Hierarchy:**

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

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

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

4. If unavailable then use 90% compliance for process measures.

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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.**

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Improvement Target Goals (ITGs) – Measure Example

Diabetes - DSRIP # 31 – Controlling High Blood Pressure

- Measure Background:
  - 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

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

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Improvement Target Goals (ITGs)

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

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 (EITGs)

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

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Expected Improvement Target Goals (EITGs)

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

	Results measured as percent	**Incentive 8% Gap Reduction Model**
Line 1	Improvement Target Goal	**96.000**
Line 2	Baseline	**54.569**
Line 3	Gap = Improvement Target Goal – Baseline *[Line 1 – Line 2]*	**41.431** (96.000 – 54.569)
Line 4	Required reduction in the gap (8%)	**8%**
Line 5	Required reduction = Gap * Reduction % [*Line 3 * Line 4*]	**3.314** (41.431 * 8%)
Line 6	Expected Improvement Target Goal *[Line 2 + Line 5]*	**57.883** (54.569 +3.314)

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Expected Improvement Target Goals (EITGs)

➢ Hospital B Example - Heart Failure Admission Rate

- **Lower result indicates improvement.**

	Results measured as rate / 1,000	**Incentive 10% Gap Reduction Model**
Line 1	Improvement Target Goal	**1.910**
Line 2	Baseline	**5.298**
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)

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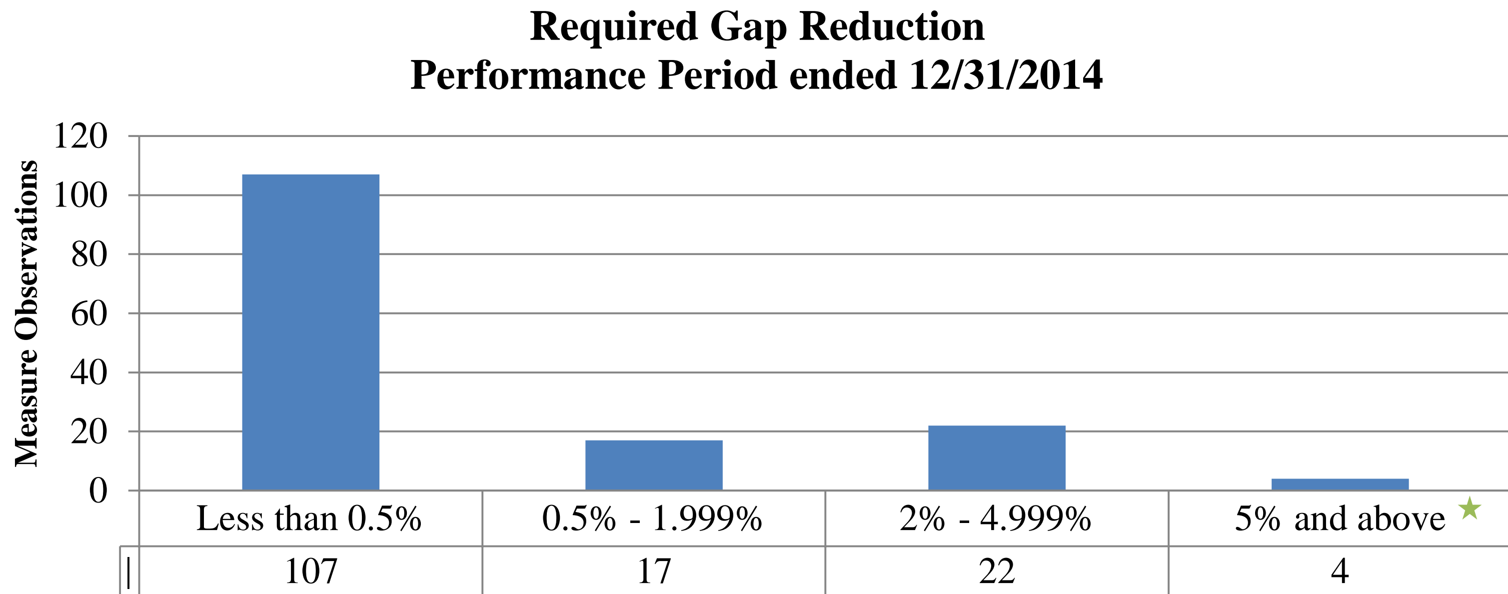
Expected Improvement Target Goals (EITGs)



★ Maximum Required Improvement = 8.06%

The calculated average gap reduction for EITGs for all participating hospitals based on 2014 data was 0.76%.

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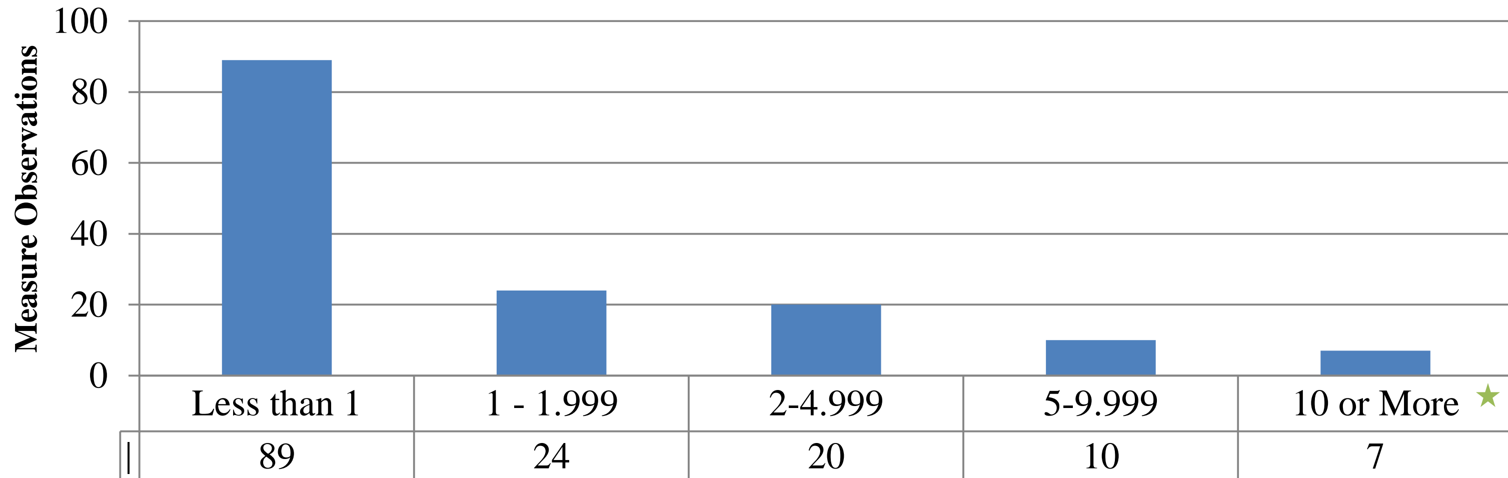
Expected Improvement Target Goals (EITGs)



★ 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.

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Pay for Performance Impact

- Stage 3 Payment
  - Achievement Value (P4P measures only)
    - Annual Measure: 1 if EITG met
    - Semi-annual Measure : 0.5 if EITG met
    - 0 if not EITG not met
  - Sum of Achievement Values / Total P4P Measures = Percent Achievement Value
  - Stage 3 Target Funding * Percent Achievement = Stage 3 Payment
  - 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.**

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Performance Measure Result Scenarios

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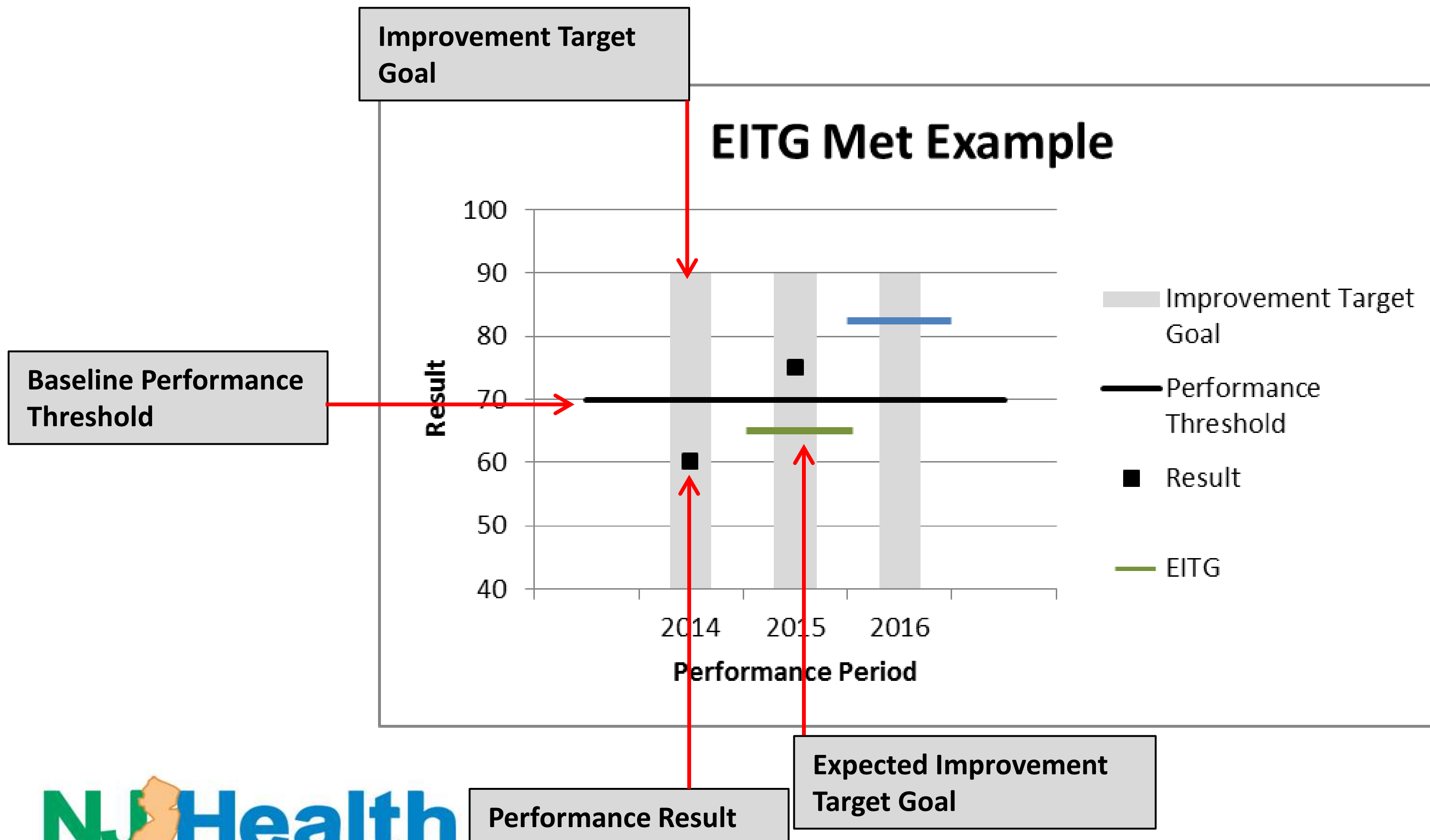
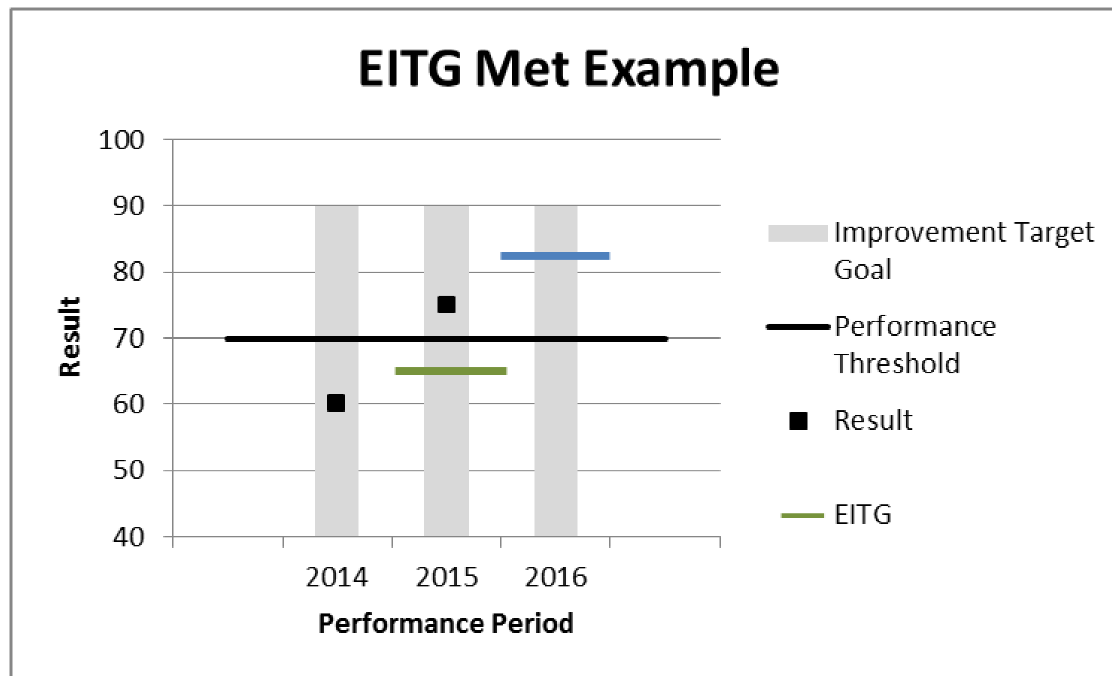
Performance Measure Result Scenarios

Graph Description



Performance Measure Result Scenarios

Example 1: When an EITG is met. Next year's EITG is calculated on last result.



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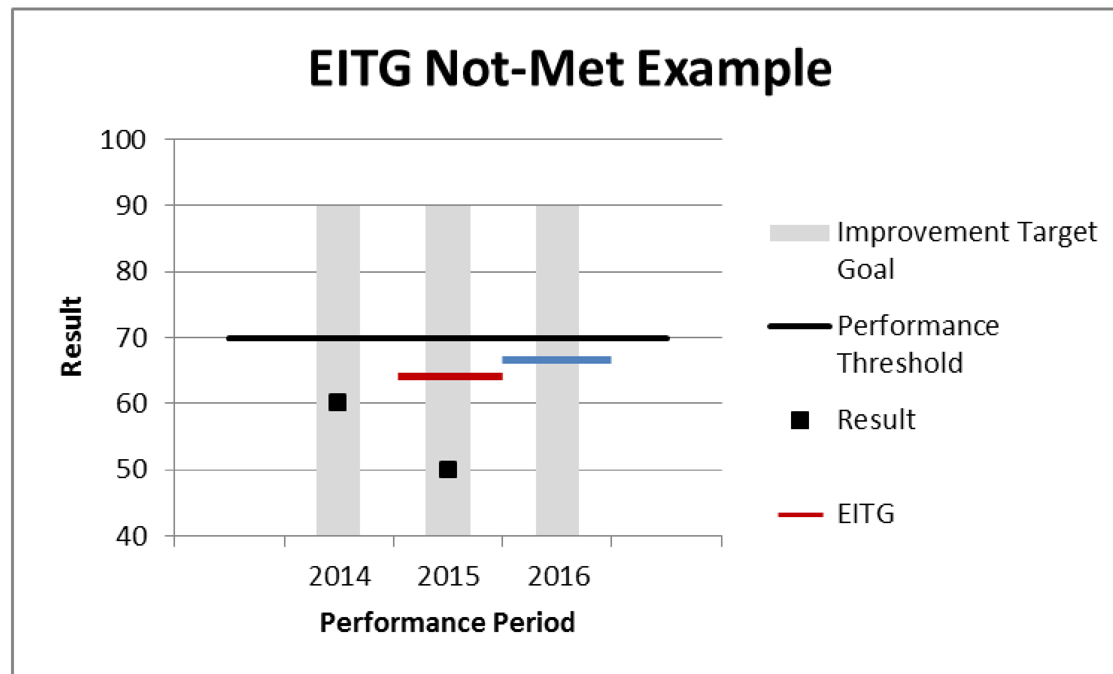
Performance Measure Result Scenarios

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



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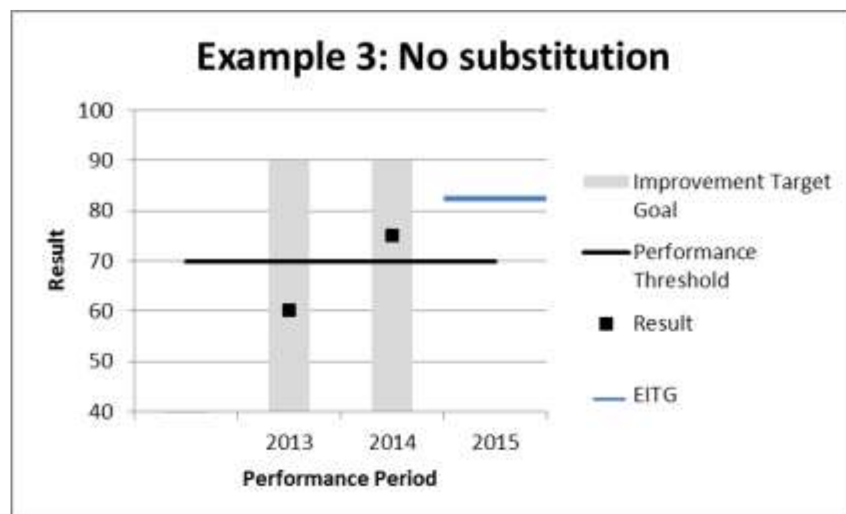
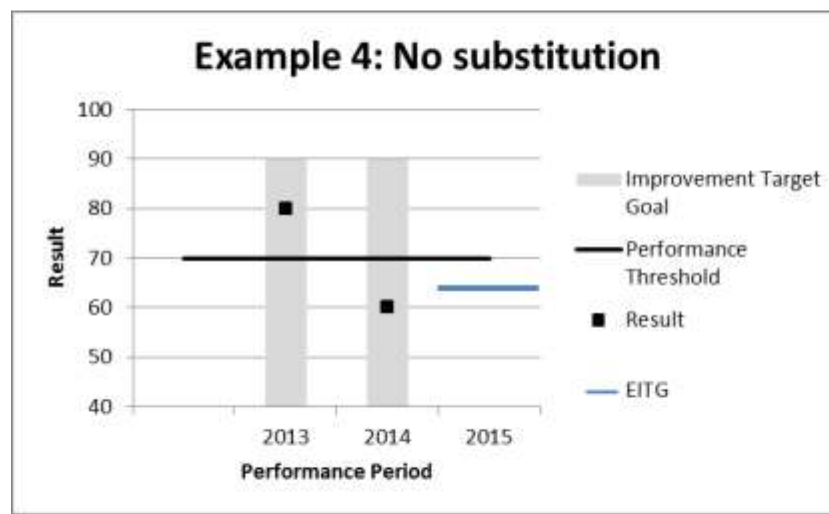
Performance Measure Result Scenarios

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.

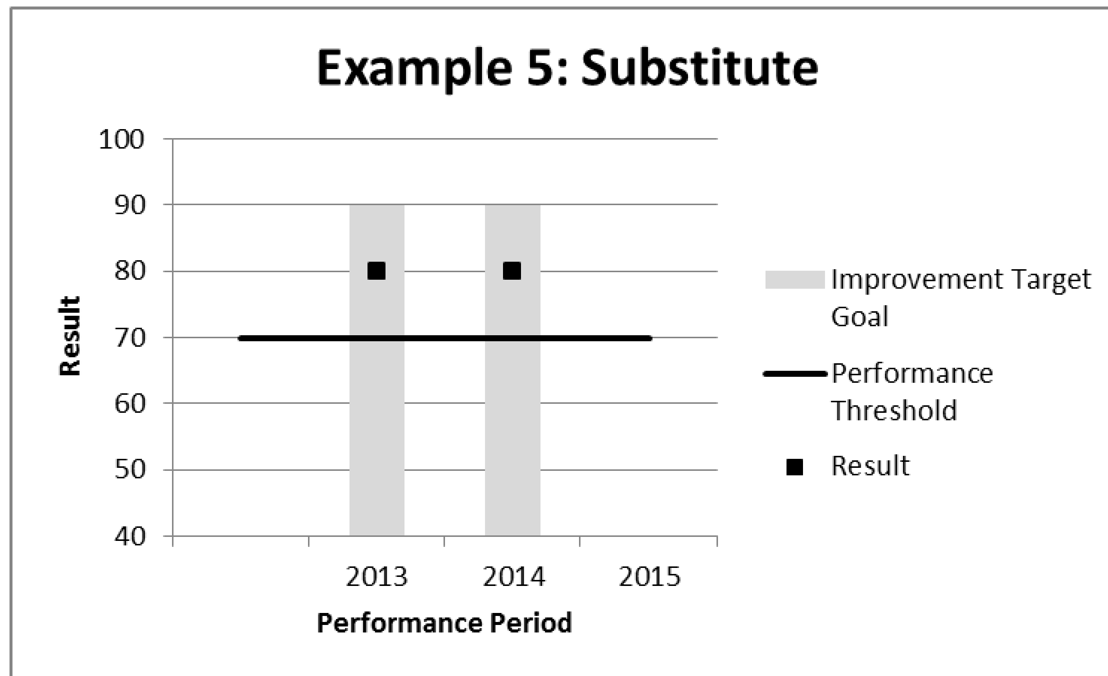




Note: MMIS ITGs were set using 2013 data. Chart/EHR ITGs were set using 2014 data.

Performance Measure Result Scenarios

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



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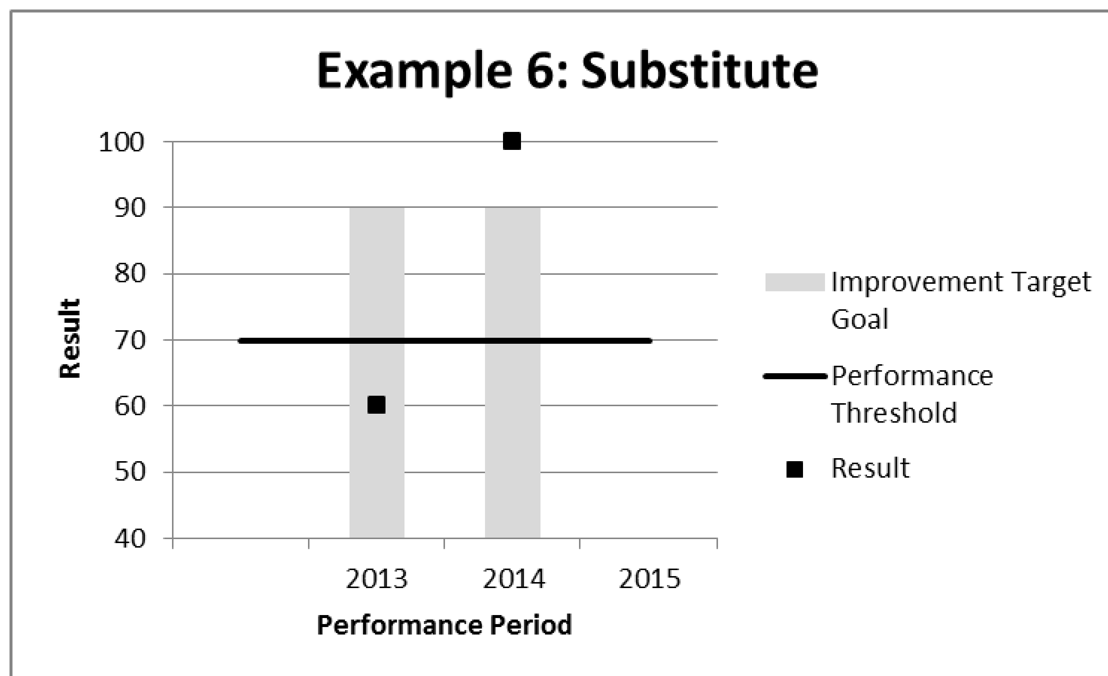
Performance Measure Result Scenarios

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



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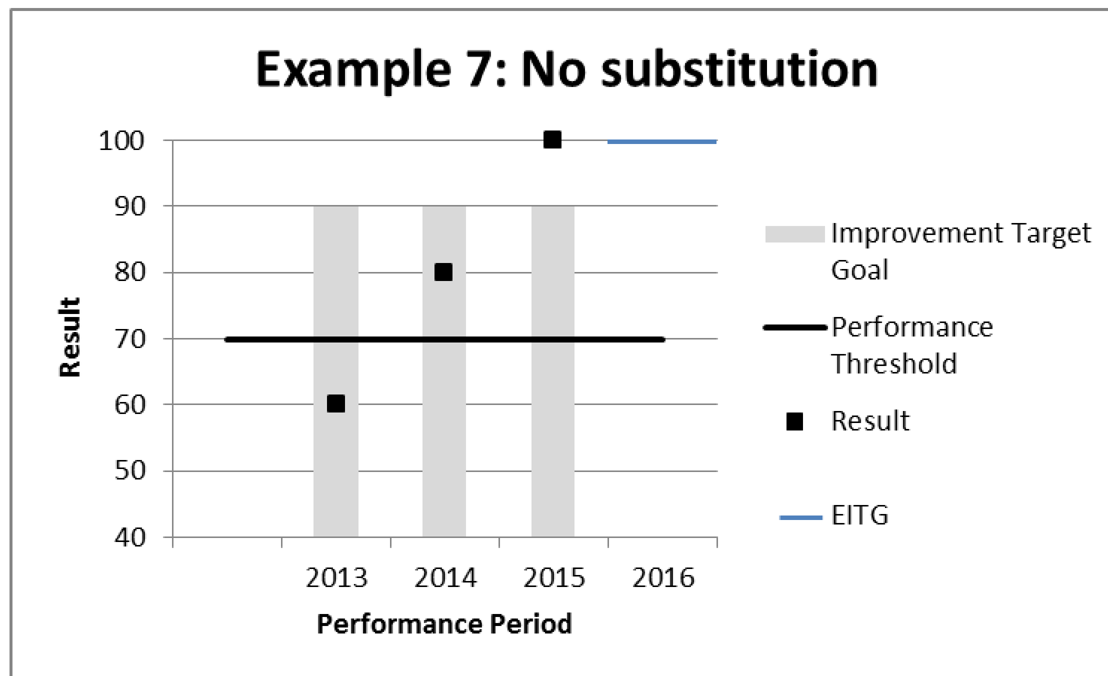
Performance Measure Result Scenarios

Example 7: If ITG is exceeded in 2015, substitution will not apply, performance is expected to be maintained.



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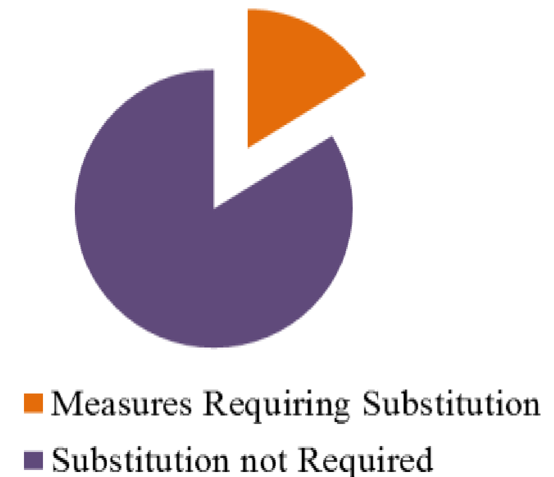
Twenty-nine Stage 3 P4P measures across twenty-four DSRIP providers require substitution.

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

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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)

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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.

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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.

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Semi-Annual Attribution Update

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

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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

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Performance Measurement | MMIS Measure Acknowledgement
Project Management | Measure Results
Administration | Chart/EHR Submission
Change Password

Delivery System Reform Incentive Paymen

The Delivery System Reform Incentive Payment (DSRIP) Program is one component c
Medicaid Waiver as approved by the Centers for Medicare & Medicaid Services (CMS). program
designed to result in better care for individuals (including access to care, quality of care, health for
the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.

Hospitals may qualify to receive incentive payments for implementing quality initiatives within their community and achieving measurable, incremental clinical outcome results demonstrating the initiatives' impact on improving the New Jersey health care system.

The DSRIP program supports the Healthy New Jersey 2020 vision: *"For New Jersey to be a state in which all people live long, healthy lives."*

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Web Portal Detailed Measure Results

Hospital:	
Performance Period:	Dec 2014
Project:	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension
Attribution Period:	Jan 2013 - Dec 2014
Total Attributed Patients:	
Reporting Partners:	

Pay for Performance Measures

.18
.37
.55
.74
.551
Dec 2013
Dec 2014
Dec 2015

Uncontrolled Diabetes Admission Rate (PQI 14)

Download Data

Hospital Achievement Summary

	Maximum Total Achievement Value	Total Achievement Value
Stage 3 Measures	9.0	9.0
Stage 4 Measures	29.0	29.0
UPP Measures	12.0	12.0

New P4P measure carousel for results at a glance.

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Web Portal Detailed Measure Results

Summary → Stage 3 Measures

Stage 3 Measures

Pay for Reporting(P4R) - Chart/EHR Measures

Performance Period	Project Code	DSRIP #	Measure Name	Stratification	Numerator	Denominator	Result	Project Med
Jan - Dec 2014	11.1	56	Lipid Management		41	100	41.000	46.316
Jan - Dec 2014	11.2	43	Foot Examination		7	100	7.000	30.233
Jan - Dec 2014	11.3	39	Eye Examination		21	100	21.000	14.085

Pay for Reporting(P4R) - MMIS Measures

Performance Period	Project Code	DSRIP #	Measure Name	Stratification	Numerator	Denominator	Result	Project Med
Jan - Dec 2014	11.4	29	Comprehensive Diabetes Care (CDC): Hemoglobin A1C (HbA1C) testing		525	1,003	52.343	52.343

Pay for Performance(P4P) - Chart/EHR Measures

Performance Period	Project Code	DSRIP #	Measure Name	Stratification	Numerator	Denominator	Result	EITG
Jan - Dec 2014	11.8	31	Controlling High Blood Pressure		66	156	42.308	47.677

Pay for Performance(P4P) - MMIS Measures

Performance Period	Project Code	DSRIP #	Measure Name	Stratification	Numerator	Denominator	Result	EITG
Jan - Dec 2014	11.5	61	Uncontrolled Diabetes Admission Rate (PQI 14)		9	15,497	0.581	0.551
Jan - Dec 2014	11.6	36	Diabetes Short-Term Complications Admission Rate (PQI 1)		19	15,497	1.226	1.129
Jan - Dec 2014	11.7	48	Hypertension Admission Rate		35	15,497	2.259	2.139
Jan - Dec 2014	11.9	34	Diabetes Long-Term Complications Admission Rate (PQI 3)		36	15,496	2.323	2.143

P4R Criterion and EITG values are now displayed.

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.)

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.

Summary → Stage 3 → Uncontrolled Diabetes Admission Rate (PQI 14)

Uncontrolled Diabetes Admission Rate (PQI 14) Dec 2014

DSRIP #	81
Project Code	11.5
Measure Name	Uncontrolled Diabetes Admission Rate (PQI 14)
Stratification	
+ Numerator	9.000
+ Denominator	15497.000
Result	0.581
Units of Measure	Rate per 1,000
National Benchmark	
Benchmark Source	
Improvement Target Goal (ITG)	0.283
ITG Source	
Baseline Performance	0.767
Gap	0.298
Required Gap Reduction %	10%
Required Gap Reduction	0.030
Expected Improvement Target	0.551
Achievement Met	
Achievement Value	
Improvement Direction	Lower

Numerator:

All discharges for patients age 18 years and older, with a principal diagnosis code for uncontrolled diabetes without mention of short-term or long-term complication.

Denominator:

Of the hospital's attributable New Jersey Low Income population, those patients who are 18 years and older.

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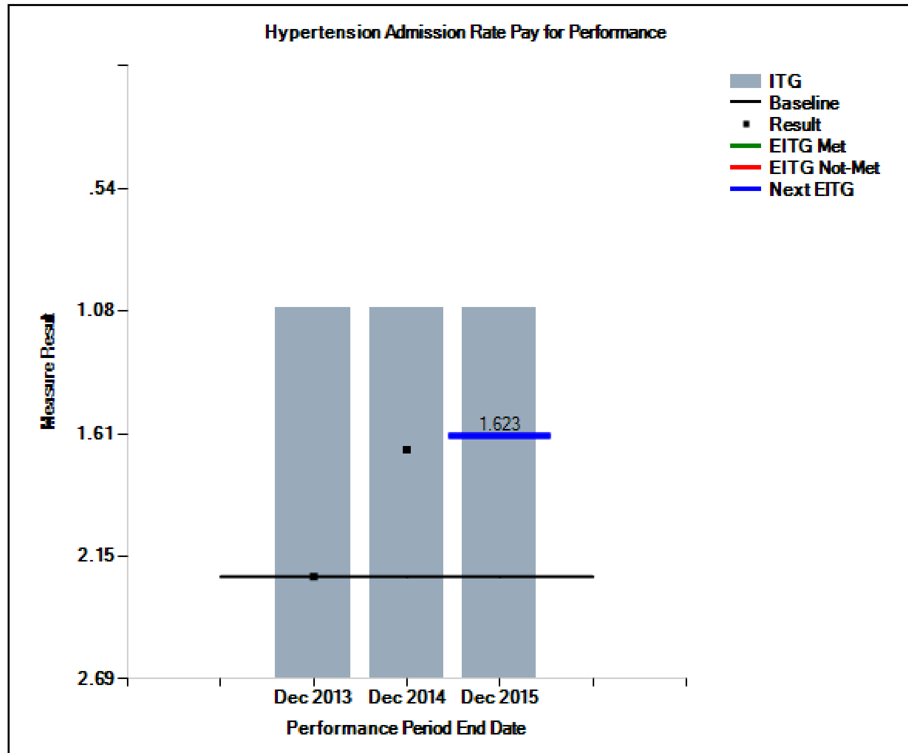
Web Portal Detailed Measure Results



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

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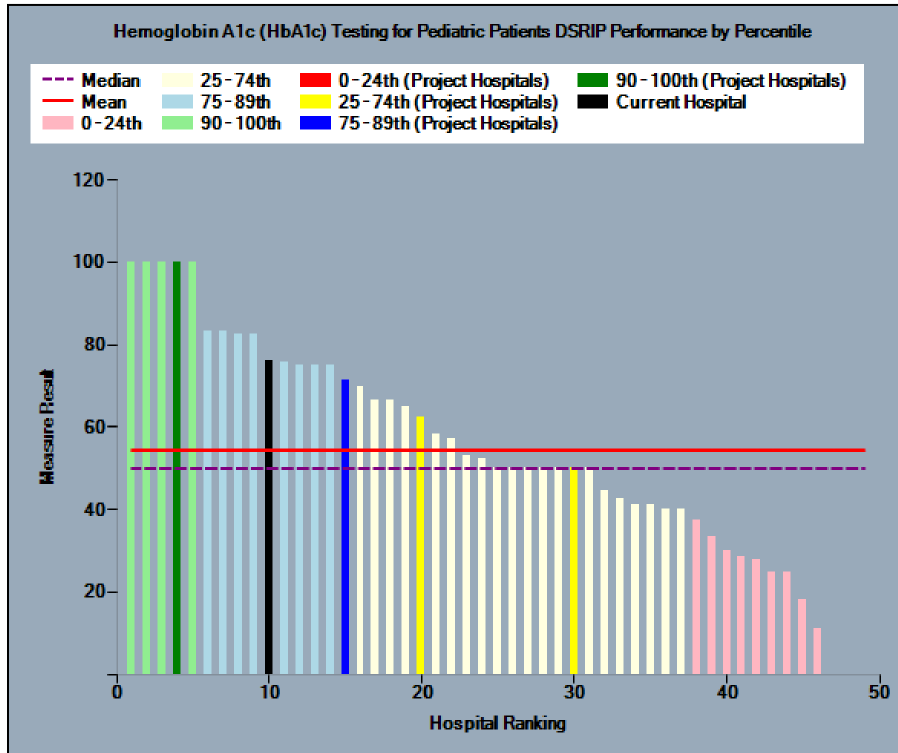
Web Portal Detailed Measure Results



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

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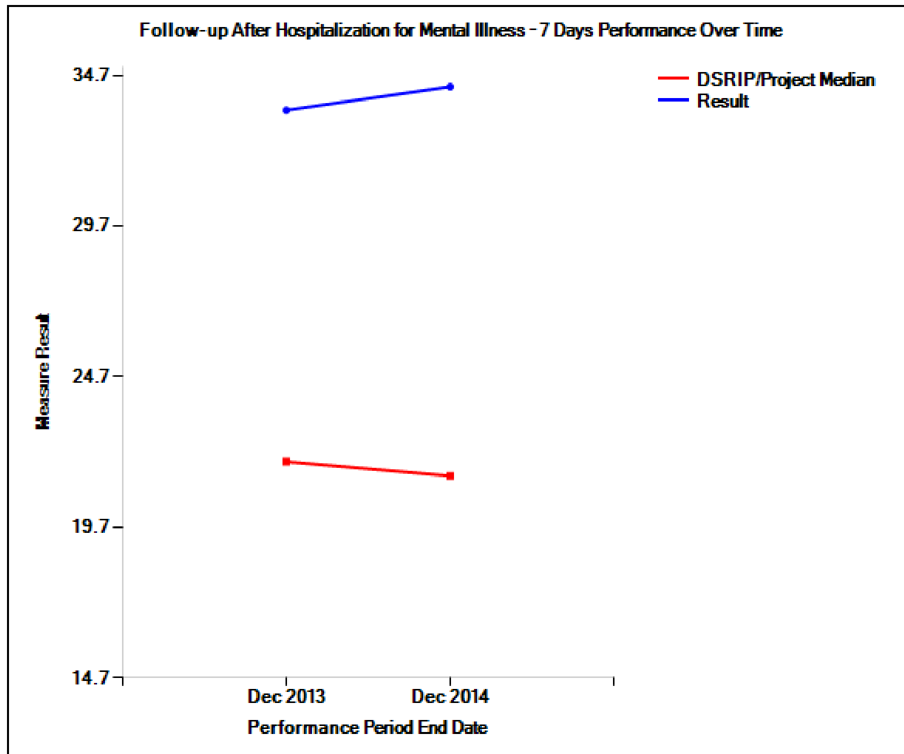
Web Portal Detailed Measure Results



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

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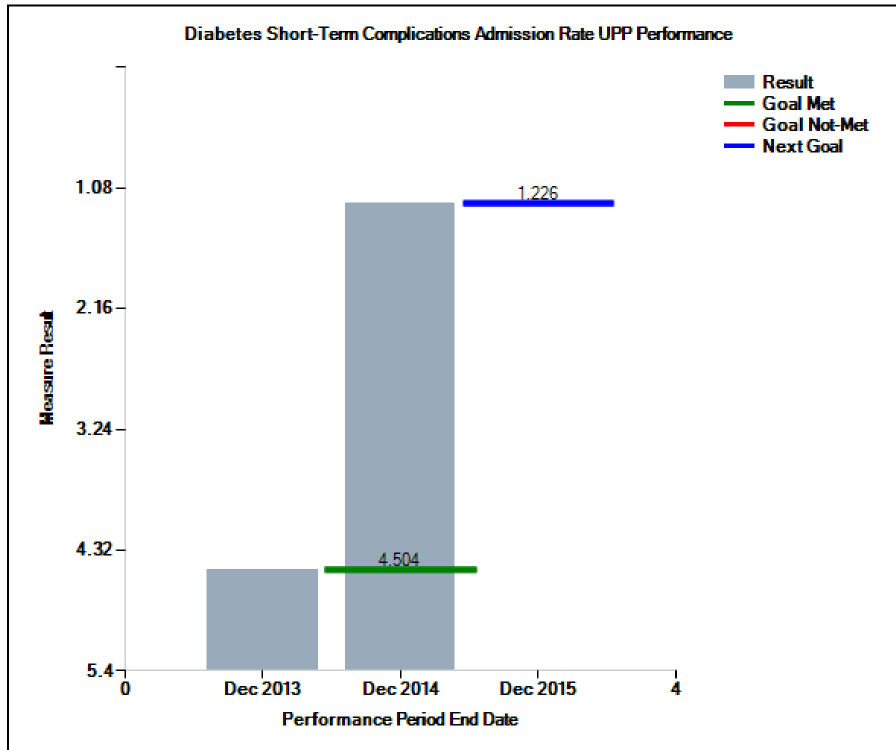
Web Portal Detailed Measure Results



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

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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.

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Q & A

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