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NEW JERSEY HEALTH CARE QUALITY INSTITUTE

Garden Practice Transformation Network

Practice Transformation Advisors

GPTN Webinar Series

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Everything You Need to Know About the New Jersey Health Information Network / NJHIN

Garden Practice Transformation Network (GPTN) Webinar Series

Wednesday, June 19, 2019

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An NJIT Corporation
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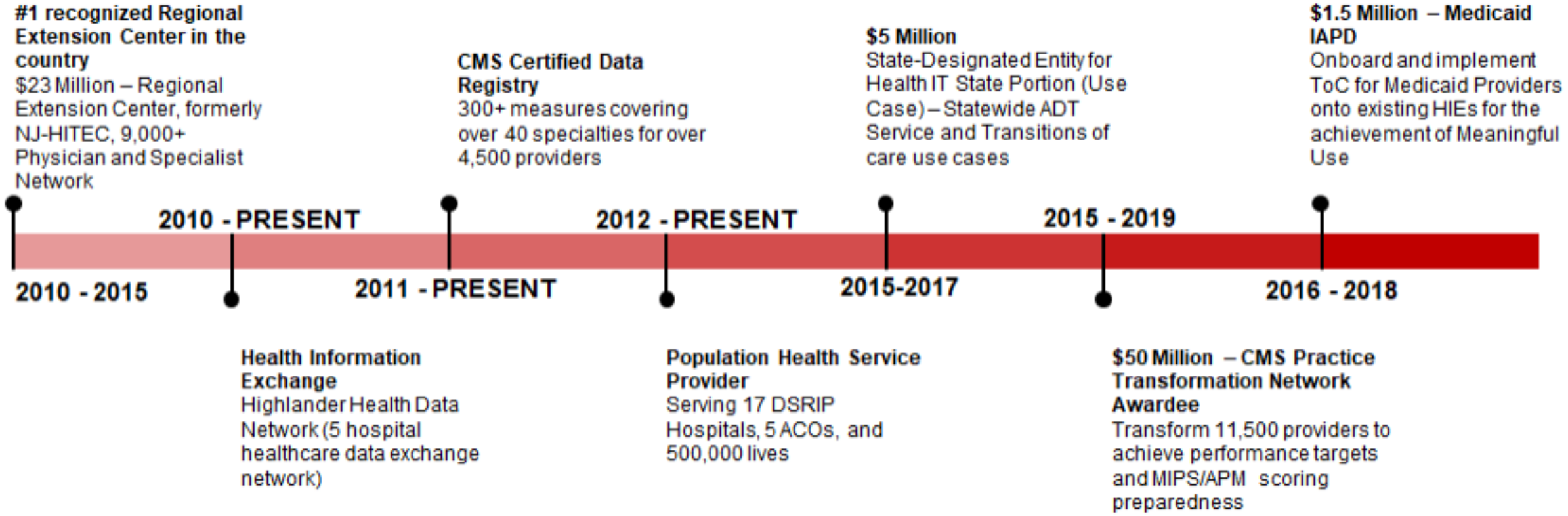
New Jersey Innovation Institute
An NJIT Corporation

NEW JERSEY INNOVATION INSTITUTE

“ The New Jersey Innovation Institute is an NJIT corporation focused on helping private enterprises discover what's possible. Let us help you see into the future and what your business will look like five years from today. ”

Dr. Donald Sebastian, President, NJII

NJII in Healthcare IT Initiatives



Topics for Today's Presentation

1. Use the **NJHIN Statewide ADT Notifications Use Case** to Improve Patient Care Management Across Settings
2. Use the **NJHIN Transitions of Care Use Case** – Continuity of Care Documents (CCDs) to Improve Communication between Providers about a Patient's Care
3. Benefit for Participating in the NJHIN by Learning about **Additional Use Cases** and **Grant Funding Opportunities**

About New Jersey's Health

"In the past year, **obesity decreased 5%,** from 27.9% to 26.6% of adults 65+."

"In the past two years, **physical inactivity increased 8%**, from 32.1% to 34.8% of adults aged 65+ in fair or better health."

"In the past two years, **depression increased 30%**, from 10.8% to 14.0% of adults aged 65+."

"In the past four years, **flu vaccination coverage increased 11%** from 57.2% to 63.4% of adults aged 65+."

"In the past six year, **poverty increased 11%,** from 7.6% to 8.4% of adults aged 65+."

- America's Health Rankings analysis of The Dartmouth Atlas of Health Care, United Health Foundation, AmericasHealthRankings.org, Accessed 2019

About Hospital Readmissions

"**14.9%** of all Medicare enrollees are readmitted within 30 days of hospital discharge"

- America's Health Rankings analysis of The Dartmouth Atlas of Health Care, United Health Foundation, AmericasHealthRankings.org, Accessed 2019

"New Jersey's readmission rate for Medicare enrollees is **15.2%** or **0.3%** higher than national average"

Why are we Tracking Hospital Readmissions?

1. Returning to a hospital in short period of time after being discharged is **costly** and **often avoidable**,
2. It is measure of the **quality of care in a health system,** and;
3. Of all ages and insurance types, **adults 65+ covered by Medicare** had a 30-day readmission rate greater than that of all ages combined in private, no insurance or Medicaid (**16% compared to 8.6%, 11.8%, and 13.7%, respectively**).

America's Health Rankings, https://www.americashealthrankings.org/explore/senior/measure/hospital_readmissions_sr/state/NJ

What Programs Exist to Optimize the Healthcare Delivery System?

CMS Hospital Readmissions Reduction Program (HRRP):

- Affordable Care Act requires CMS to penalize hospitals for "excess" readmissions when compared to "expected" levels of readmissions.
- Since 2012, hospitals in the US have experienced $1.9 billion of penalties, including $528 million in fiscal year 2017.

Several Programs Exist to Succeed in HRRP:

- Project Re-Engineered Discharge (RED) out of Boston University Medical Center
- INTERACT (Interventions to Reduce Acute Care Transfers) – support long-term care providers in managing health status change of residents.

Health Affairs, https://www.healthaffairs.org/do/10.1377/hblog20140724.040293/full/

What Programs Exist to Optimize the Healthcare Delivery System?

Project RED (Boston University Medical Center) cites four major interventions:

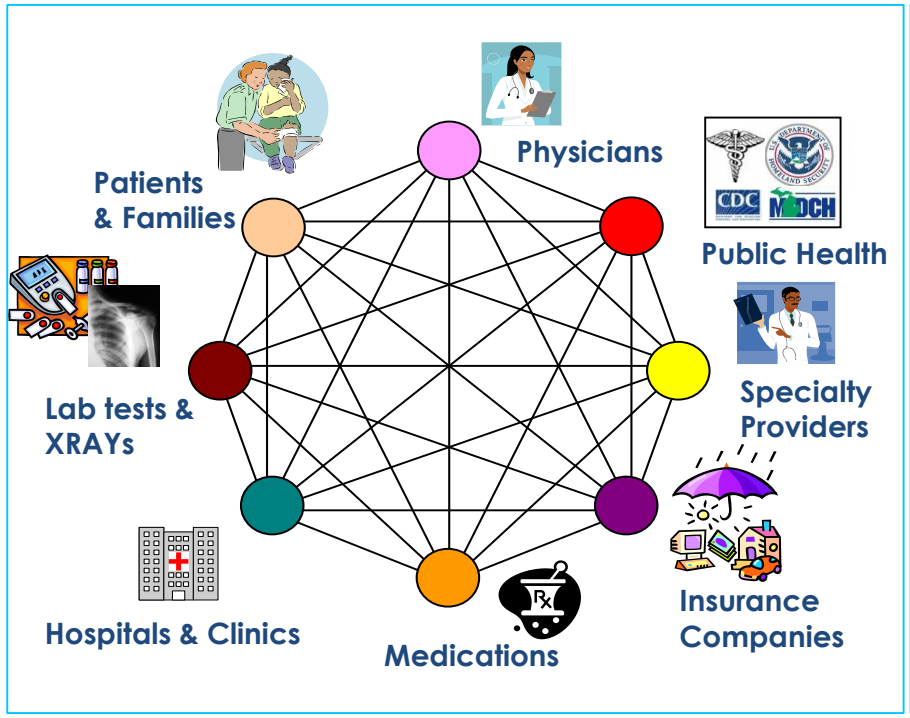
1. Deliver effective discharge to all eligible patients using culturally competent approaches
2. Follow Up Communication and Phone Call to Patient within 72 hours of patient's hospital discharge
3. Examining hospital's current rate of readmissions through outcomes and process measures such as: transitional care management (TCM, pays $150 - $250), 30-day all cause readmissions, and sending electronic transitions of care documents to community providers
4. Include family caregivers into the program

Boston University Medical Center, http://www.bu.edu/fammed/projectred/toolkit.html

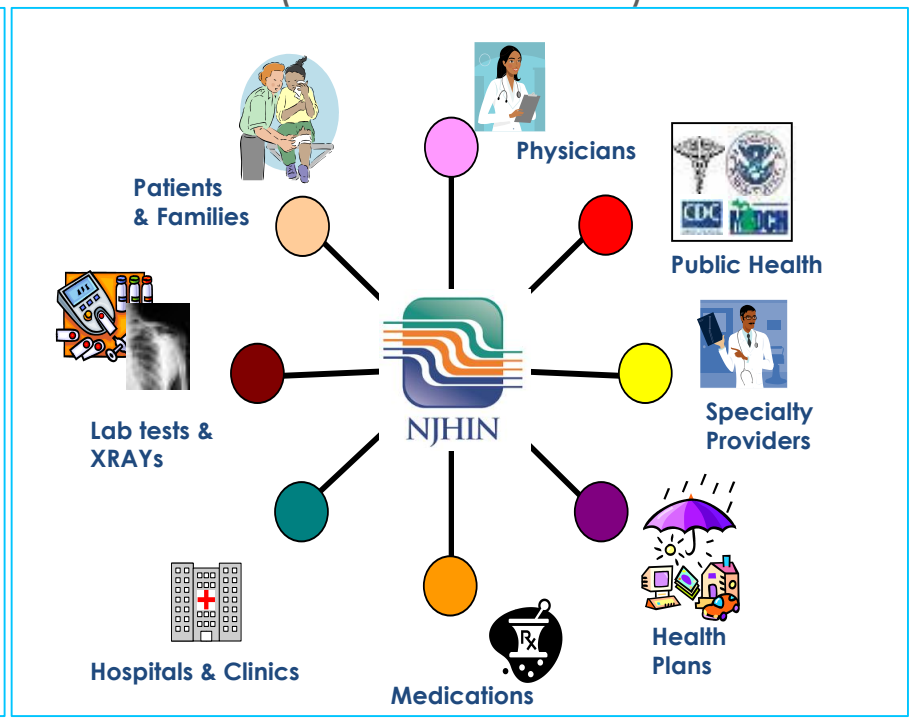
New Jersey Health Information Network

Safe, Secure, Statewide Exchange of Health Data

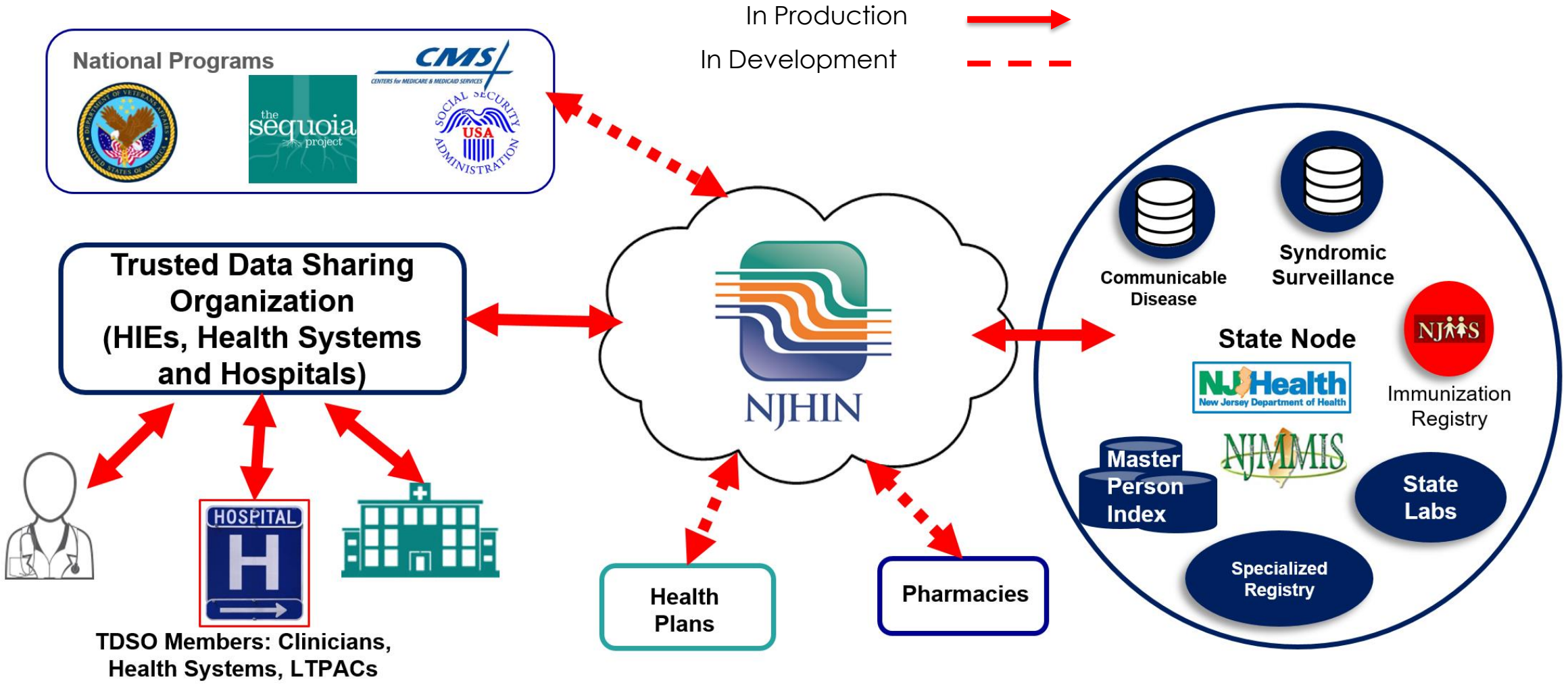
Duplication of effort, waste, & expense
(N*(N-1)/2 connections)



Shared Services
(N connections)



NJHIN Data Highway



What is the NJHIN?

Statewide Infrastructure for Health Data Exchange

- Created by the NJ Department of Health
- Managed by NJII
- Requirement for Hospital Charity Care Reimbursement
- Requirement for Delivery System Reform Incentive Payment (DSRIP)

Leverage Technology to Improve Health Outcomes and Lower Costs

Legal Framework Data Sharing

- Data Use and Reciprocal Sharing Agreement (DURSA)

Governance

- Advisory Council
- Participating Members, or Trusted Data Sharing Organizations
- Committees for Compliance and Use Case Development

Participating Organizations of NJHIN:

- Bergen New Bridge Medical Center
- Advocare, LLC
- Camden Coalition*
- Carepoint
- CentraState
- East Orange General Hospital
- Healthy Greater Newark*
- HealthShare Exchange (HSX)*
- Jersey Health Connect*
- NJSHINE*
- OneHealth New Jersey (MSNJ)*
- Prime Health*
- RWJBarnabas Health
- St. Joseph's Regional Medical Center
- St. Peter's Healthcare System
- Trenton Health Team*

Overall, this membership represents **all 71 Acute Care Hospitals in NJ**

* Indicates Multiple Organizations are represented by a TDSO

Live Today and In Development

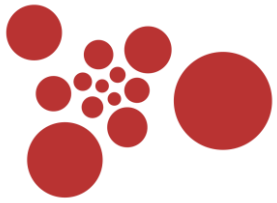
Live Today

- Master Person Index (MPI)
- Common Key Service (CKS)
- ADT Notifications
- Health Provider Directory (HPD)
- Active Care Relationship Service (ACRS) or Attribution

In Development

- Transitions of Care (CCDA Routing)
- Immunization Registry Query
- Immunization Registry Submission
- PMP Query
- Opioid Risk Factors
- CCDA Query/Retrieve

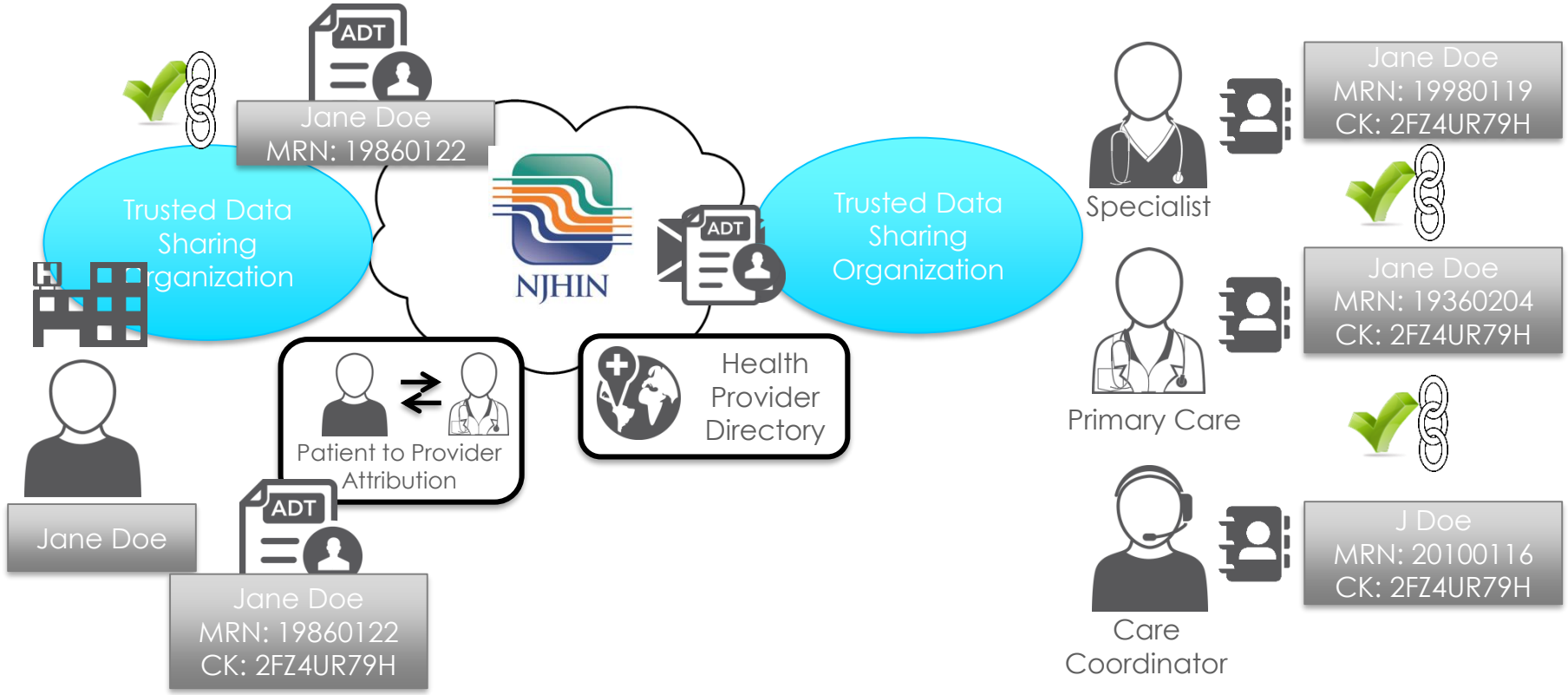
Statewide ADT / Other Use Cases



Service 1: Statewide ADT Notifications Use Case

1) Patient goes to hospital which sends message to TDSO then to NJHIN
2) NJHIN checks patient-provider attribution and identifies providers
3) NJHIN retrieves contact and delivery preference for each provider from Healthcare Provider Directory and Active Care Relationship Service
4) Notifications routed to providers based on electronic address and preferences

ADT Notifications with Master Person Index and Common Key Service



1) Jane admitted to hospital with MRN 19860122 and ADT initiated
2) ACRS enriches ADT message with Jane's Common Key
3) Jane is accurately and reliably linked to her Care Team

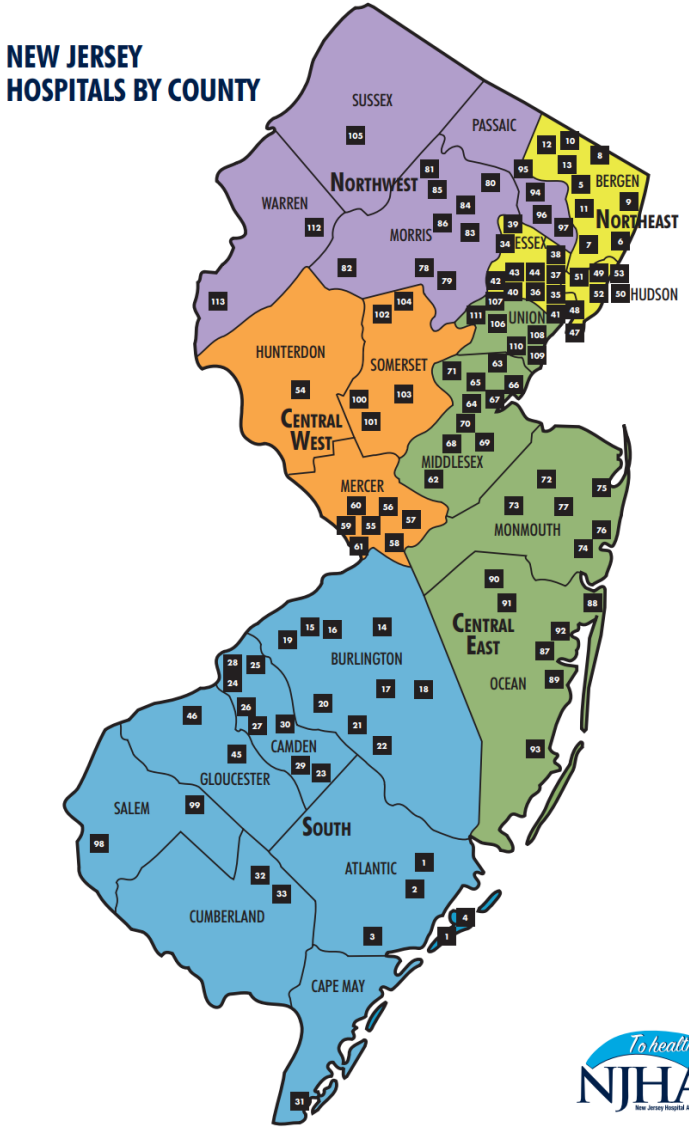
Connecting to NJHIN for Charity Care

"Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the **Charity Care Subsidy** is subject to the condition that participating hospitals shall demonstrate **participation in the New Jersey Department of Health's New Jersey Health Information Network (NJHIN)**."

$252 Million in NJ's Charity Care budget

Nearly 1.1 Million Uninsured in NJ, of which 100,000 are under the age of 18

Connecting to NJHIN for Charity Care



As of June 18, 2019:

69 out of 71 are actively participating in the NJHIN

48 out of 71 are actively sharing ADTs with NJHIN

Available Funding for Connection

DMAHS and DOH Programs to Support NJHIN Connection

For Medicaid Providers that seek to connect to NJHIN for Transitions of Care and ADT Receiver:

- Provider - $1,500 / provider ACTIVELY ENROLLING
- Hospitals - $35,000 / hospital OUT OF MILESTONES
- Non-Hospital Facilities (SNF, Long Term Care, Sub-Acute, Urgent Care - $5,000 ACTIVELY ENROLLING
- Program ENDS: **September 30, 2019**

DMAHS and DOH Programs to Support NJHIN Connection

For Medicaid Meaningful Use Providers that seek to connect to NJHIN for Transitions of Care and ADT Receiver:

- Provider - $1,500 / provider ACTIVELY ENROLLING
- Program ENDS: **September 30, 2019** (seeking extension to support 2020 Medicaid PI Attestation)

Promoting Interoperability for New Jersey Substance Use Disorder (SUD) Providers

To address the NJ Opioid epidemic, the Murphy Administration has invested **$6 million** in the SUD Promoting Interoperability Program (SUD PIP).

- Close the EHR disparity amongst SUD providers
- Connect "siloed" systems of care to enhance coordination efforts and improve quality
- Aid in shorter-term response efforts to this crisis
- Increase bandwidth and capacity for treatment

Promoting Interoperability for New Jersey Substance Use Disorder (SUD) Providers

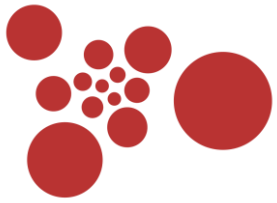
Joint Initiative (power of many):

- Department of Health
- Department of Human Services (Divisions of Medical Assistance and Health Services & Mental Health and Addiction Services)
- New Jersey Association of Mental Health and Addiction Agencies
- The New Jersey Innovation Institute
- SUD Providers
- SUD Patients

SUD PIP Funding

Milestone Payments	
Milestones	SUD Provider Payment
Milestone 1 (Participation)	$5,000
Milestone 2 (EHR Go-live)	$20,000
Milestone 2 (EHR Upgrade)	$7,500
Milestone 3 (HIE Connection)	$7,500
Milestone 4 (PMP Connection)*	$5,000
Milestone 5 (NJSAMS Connection)*	$5,000

The Future of Health IT



Addiction Applications

reSET®

reSET is a 90-day Prescription Digital Therapeutic (PDT) for Substance Use Disorder (SUD) intended to provide cognitive behavioral therapy (CBT), as an adjunct to a contingency management system, for patients 18 years of age and older who are currently enrolled in outpatient treatment under the supervision of a clinician.

An associated dashboard for clinicians and other health care providers can be used as part of treatment. The dashboard displays information about patients' use of reSET, including lessons completed, patient-reported substance use, patient-reported cravings and triggers, compliance rewards, and in-clinic data inputs such as urine drug screen results.

40.3 % increased adherence to abstinence of SUD

Compared to **17.6 %** increased adherence to abstinence of SUD who did not use this "digital therapy"

https://www.fda.gov/news-events/press-announcements/fda-permits-marketing-mobile-medical-application-substance-use-disorder

Addiction Applications

How to Start Using reSET:

The following steps will help guide your use of reSET and the Clinician Dashboard correctly:

- A licensed clinician prescribes reSET via the enrollment form, which includes an email address for the patient.
- A patient care specialist from reSET Connect™ by Pear Therapeutics, Inc. contacts the patient via telephone with an access code, and guides the patient through downloading the app from the Apple App Store or Google Play Store.
- The patient downloads the application and enters the access code and email address from prescription, then sets a password to use for subsequent login in the case of deleting/reinstalling the app, getting a new phone or tablet.
- The patient begins working and learning with reSET, completes lessons, answers quiz questions (fluency training), and reports substance use, cravings, and triggers. reSET includes a CM system that gives the patient a chance to win rewards for lessons completed and negative drug screens achieved during the 12-week (90-day) treatment period.
- The clinician receives an email sent to the email address provided on the enrollment form. The email contains a link to verify the account and set a password. Once an account is created, the Dashboard can be accessed at any time by visiting www.pear.md.

https://www.fda.gov/news-events/press-announcements/fda-permits-marketing-mobile-medical-application-substance-use-disorder

THANK YOU

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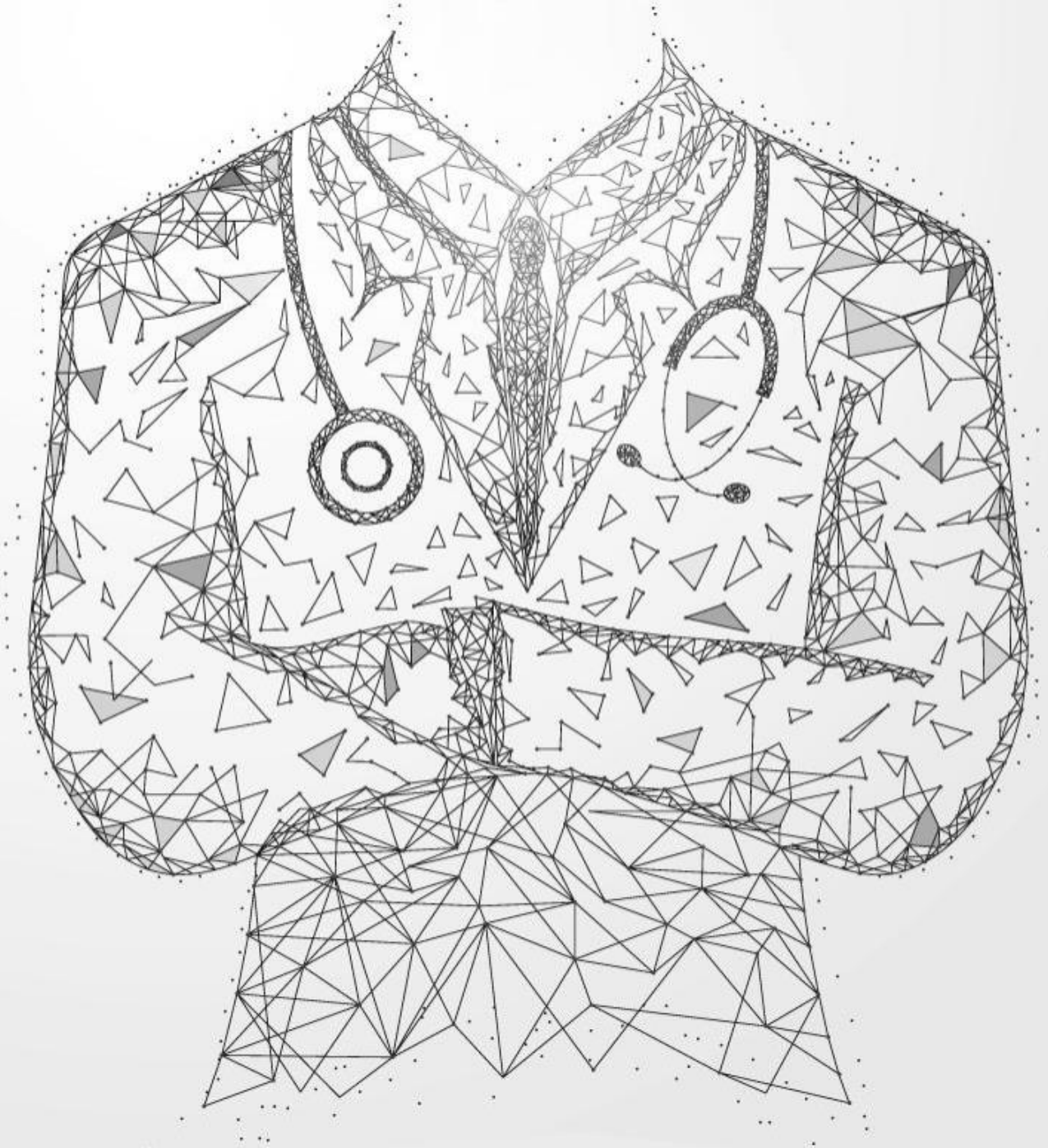

NEW JERSEY HEALTH CARE
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