

Behavioral Health (BH) Learning Collaborative Information Sheet

Quality Improvement Program – New Jersey
(QIP-NJ)

Last Update: May 2021

The contents of this Info Sheet are for NJ acute care hospitals participating in QIP-NJ.
The Information Sheet provides an overview of the Learning Collaborative design.



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WHAT IS THE QIP-NJ BH LEARNING COLLABORATIVE?

To support hospitals participating in QIP-NJ, the Department of Health (DOH), in partnership with Public Consulting Group (PCG), has designed a data-driven Learning Collaborative. The QIP-NJ BH Learning Collaborative (hereto forward referred to as the “Collaborative”) is based on a proven model from the Institute for Healthcare Improvement, called the Breakthrough Series (BTS) Collaborative. Success within QIP-NJ will require a multi-faceted approach involving the entire system of BH care; accordingly, the Collaborative will target hospital emergency departments (EDs) as a priority setting to test changes for improvements in care processes and outcomes for the Medicaid BH population.

The primary focus of the Collaborative will be increasing follow-up visits for individuals with BH (mental health or substance use disorder) diagnoses within 30 days of ED discharge to meet Statewide targets by September 2022, the projected end date of the Collaborative.

WHY PARTICIPATE IN THE COLLABORATIVE?

- Support to meet performance targets on some QIP-NJ pay-for-performance measures;
- Personalized coaching for frontline care team and hospital leadership from state and national clinical and improvement experts in the field;
- Increased quality improvement capacity across team members;
- Access to a peer learning network; and
- Continuing professional education credits.

WHO IS ELIGIBLE TO PARTICIPATE?

DOH strongly encourages NJ acute care hospitals to participate in the Collaborative, as DOH believes it will assist participating hospitals with achieving performance targets, sharing knowledge and best practices across hospitals to drive systemic changes, and supporting overall improvement in BH outcomes for the State’s Medicaid population. Hospitals interested in participating in the Collaborative must complete a *Participation Interest Form* by close of business on July 23, 2021. The *Form* can be found at <https://qip-nj.nj.gov/lc.html>.

All interested hospitals will be considered for participation in the Collaborative. Questions and requests for additional information may be sent to: qip-nj@pcgus.com.

THE COLLABORATIVE SCHEDULE

Information Session #1	May 14, 2021
Information Session #2	July 15, 2021
Submit Participation Interest Form	July 23, 2021
Pre-Work and one-on-one (1:1) coaching	July-September 2021
Learning Session #1	September 2021 (Exact date TBA)
Action Period #1 and 1:1 coaching	September 2021 - January 2022
Learning Session #2	January 2022 (Exact date TBA)
Action Period #2 and 1:1 coaching	January - June 2022
Learning Session #3	June 2022 (Exact date TBA)
Action Period #3 and 1:1 coaching	June - September 2022

THE COLLABORATIVE DESIGN

Key characteristics of the Collaborative will include:

- Voluntary participation by health systems and project teams.
- Peer-to-peer learning (“all teach, all learn”).
- Real time data collection, regular data review and reporting.
- Implementation of rapid cycle, small tests of change through Plan, Do, Study, Act (PDSA) cycles.
- Personalized coaching from improvement advisors.

The Collaborative design relies on iterative cycles of testing, adapting, and implementing evidence-based strategies outlined in the *Change Package*, found at <https://qip-nj.nj.gov/lc.html>. To help hospitals in this process, the Collaborative offers a variety of supports, described below:

Learning Sessions:

There will be three Learning Sessions throughout the course of the Collaborative. In light of COVID-19, Learning Sessions will be scheduled as two half-day virtual encounters, subject to change. Teams will gain new knowledge from State and National experts on clinical practices, building community partnerships, adopting trauma-informed approaches and engaging patients and their chosen care givers in care planning and improvement. Learnings Sessions will also include engagement activities where teams can work together to apply their new knowledge and build action plans for improvement while interacting with expert faculty. The Collaborative will also feature special sessions to support ED leadership in their effort to advance their team’s improvement work. Learning Sessions will consist of plenary presentations, workshops, storyboard rounding or presentations, and team development sessions.

Action Periods:

Between Learning Sessions, teams in the Collaborative will enter an Action Period. During Action Periods, teams test changes in practice and discover how to apply or adapt best practices to their local environment with support. Action Periods consist of the following support structures:

- 1:1 Onboarding Coaching: Improvement advisors will work with each team to prepare them for successful participation in the Collaborative.
- Monthly Data Reporting: The Collaborative leadership team will provide data collection guidance and templates.
- Ongoing Coaching: Hospital teams will participate in facilitated coaching sessions with peers and receive 1:1 support from improvement advisors on a variety of key topics related to the Collaborative aim. Participating teams will be expected to participate by presenting their successes or challenges and/or providing advice and feedback to other teams. The data collected each month from all teams will be anonymized and used during these coaching sessions to guide discussion.
- Listserv for peer collaboration: Participating teams will gain access to a participant Listserv to allow continuous communication among peers and program faculty.

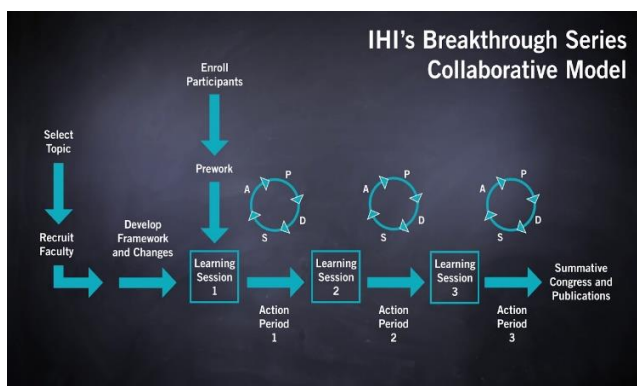


Figure 1. A visual representation of the IHI's BTS Collaborative model