



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

Maternal Learning Collaborative (MLC): Improving Treatment & Reducing Disparities in Maternal Severe Hypertension (SHTN)

Presented by the NJ Department of Health (DOH) in partnership with Public Consulting Group (PCG)

Information Session #1

June 28, 2022

12:00-1:00pm



Solutions that Matter

DOH Leadership



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Welcome & Introductions

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Your hospital is invited to participate in the QIP-NJ MLC!

Today's Objectives

1. Provide an overview of the Learning Collaborative framework.
2. Review the MLC aim and design.
3. Understand the benefits of - and factors driving – successful MLC participation.
4. Provide information on how to join.



Prepared by Public C

QIP-NJ¹ MATERNAL LEARNING COLLABORATIVE

All NJ hospitals serving the maternal health population are invited!

Starting October 2022



GOAL: Improve time to treatment of severe hypertension episodes among pregnant and postpartum women and birthing people with a focus on identifying, addressing, and eliminating racial inequities for Black women and birthing people.



STRATEGY

- Adopting standard, evidence-based care practices
- Forming effective relationships with community partners
- Engaging patients and chosen family
- Adopting a trauma-informed maternal health equity lens to addressing disparities in care

BENEFITS

- Increasing impact in some QIP-NJ performance goals
- Training and coaching for frontline care team and leadership by experts
- Access to a peer learning network
- Increased quality improvement capacity across team members
- Continuing professional education credits²

PARTICIPATION REQUIREMENTS

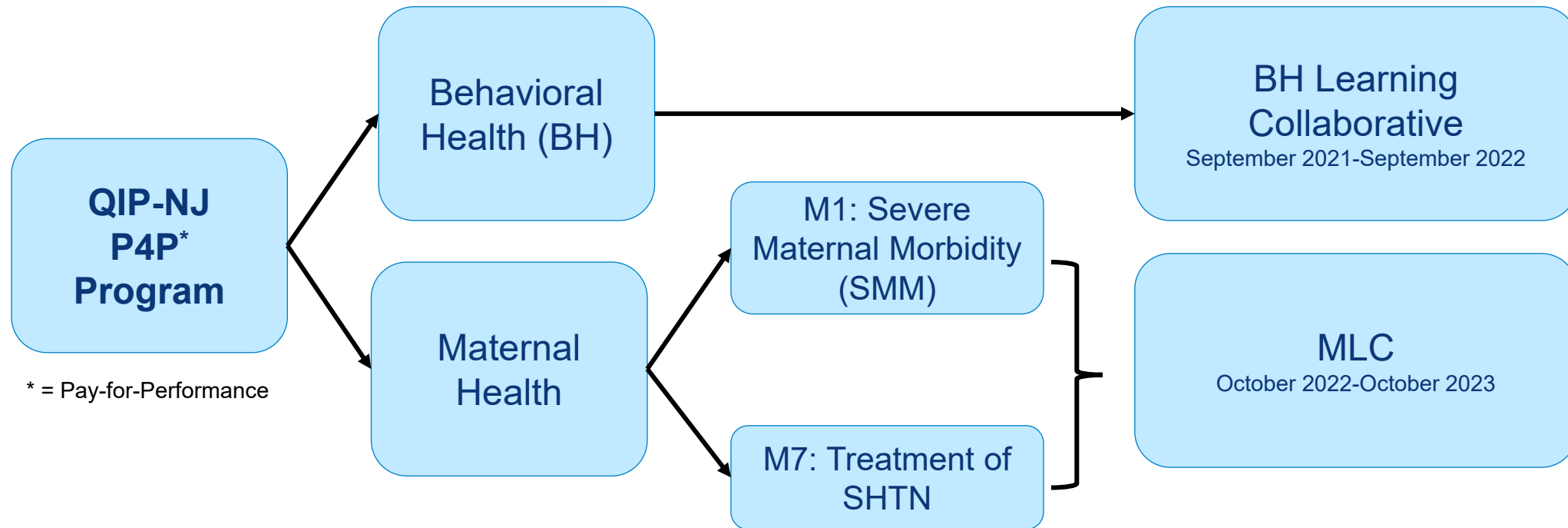
- Form an interprofessional team
- Attend learning session conferences
- Attend monthly coaching sessions
- Collect and report data monthly

YOUR TEAM: Your team should consist of an interprofessional mix of clinical and non-clinical maternal health care team members, quality staff, a patient or chosen family representative, and other individuals supporting connections to maternal health care, specifically from L&D³ and the ED⁴. Your team should also include a representative from your system DEI⁵ team to build off current initiatives.

Submit a Participation Interest Form by August 12th to join. This form can be found on the [Learning Collaborative Website](#)

For more information, email qip-nj@pcgus.com.

MLC Background / Overview



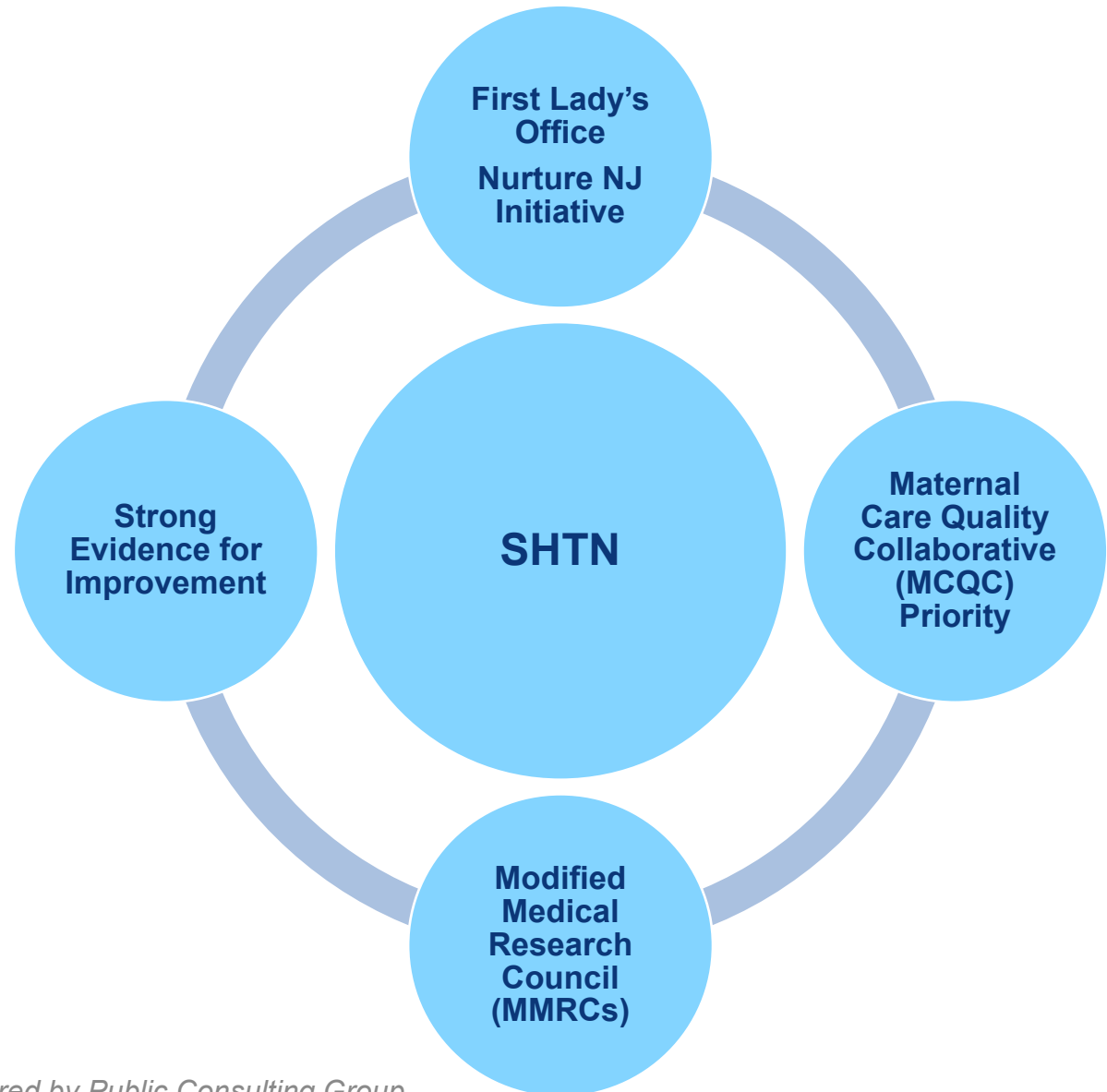
Topic Selection: SHTN

Hypertensive disorders of pregnancy are a leading cause of maternal morbidity and mortality in the U.S. and globally.^{2, 8}

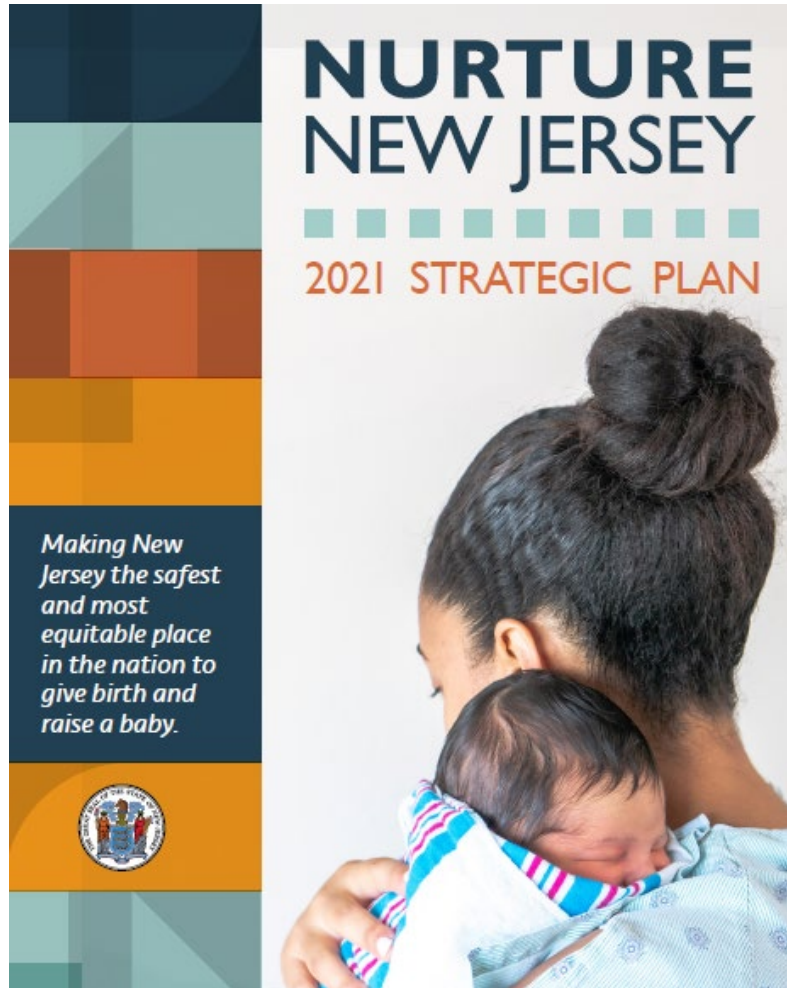
Delayed or inadequate treatment of SHTN may lead to maternal death, stroke, or other serious complications.^{5, 6}

ACOG* recommends that antihypertensive treatment for persistent SHTN should be initiated between 30-60 minutes.^{1, 3}

* ACOG = The American College of Obstetricians and Gynecologists



Why are we focusing on health equity and reducing disparities for Black birthing people in the QIP-NJ MLC?



- **First Lady of New Jersey, Tammy Murphy, officially launched the “Nurture NJ” statewide initiative in 2019.**
- **Eleven-year commitment to address inequity in maternal health and infant outcomes for Black birthing people.**
- **QIP-NJ P4P goal to reduce overall maternal and infant mortality and morbidity in the State.**

What is the health status of Black birthing people in the State of NJ?

NJ & National Pregnancy- Associated Deaths By Race/Ethnicity

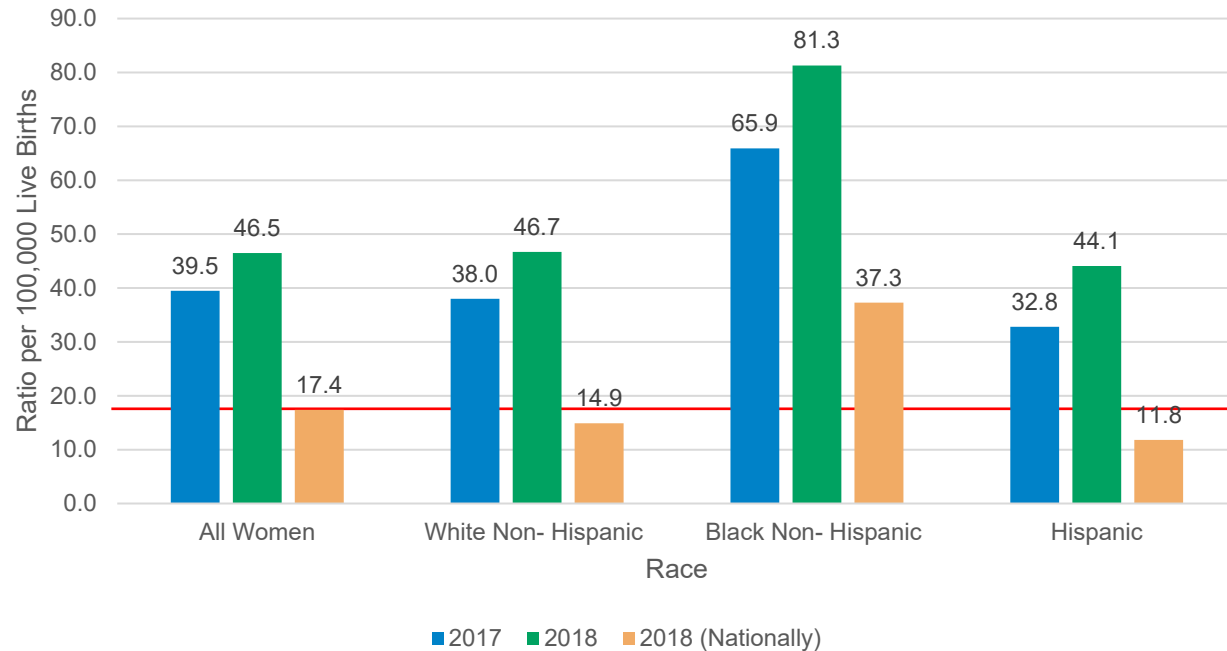


Figure 1: Data from NJ DOH and CDC

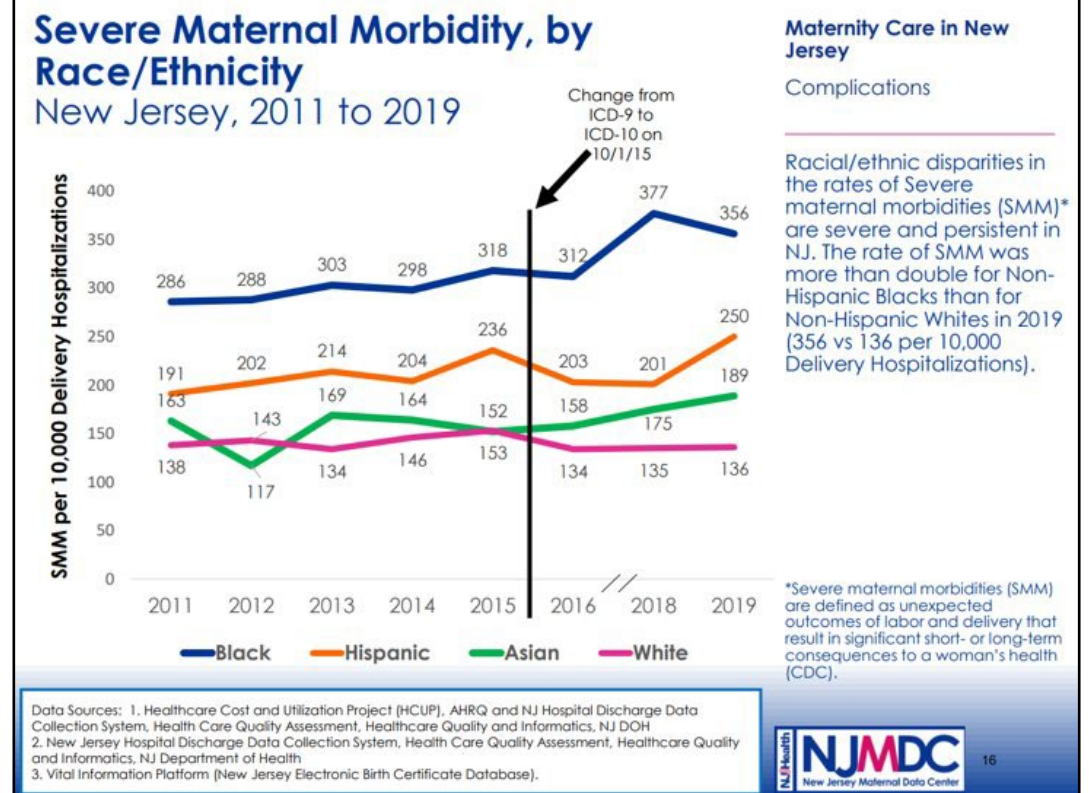


Figure 2: New Jersey Maternal Data Center

Black birthing people in NJ experience:

- **Nearly 2xs the rate of death** from pregnancy-associated causes compared to all women (2018).⁷
- **More than 2xs the rate of SMM** when compared to White women (2019).
- **3.5xs higher rate of infant death** compared to their White counterparts (2017).⁷

What about racial disparities specific to hypertension in the NJ maternal population?

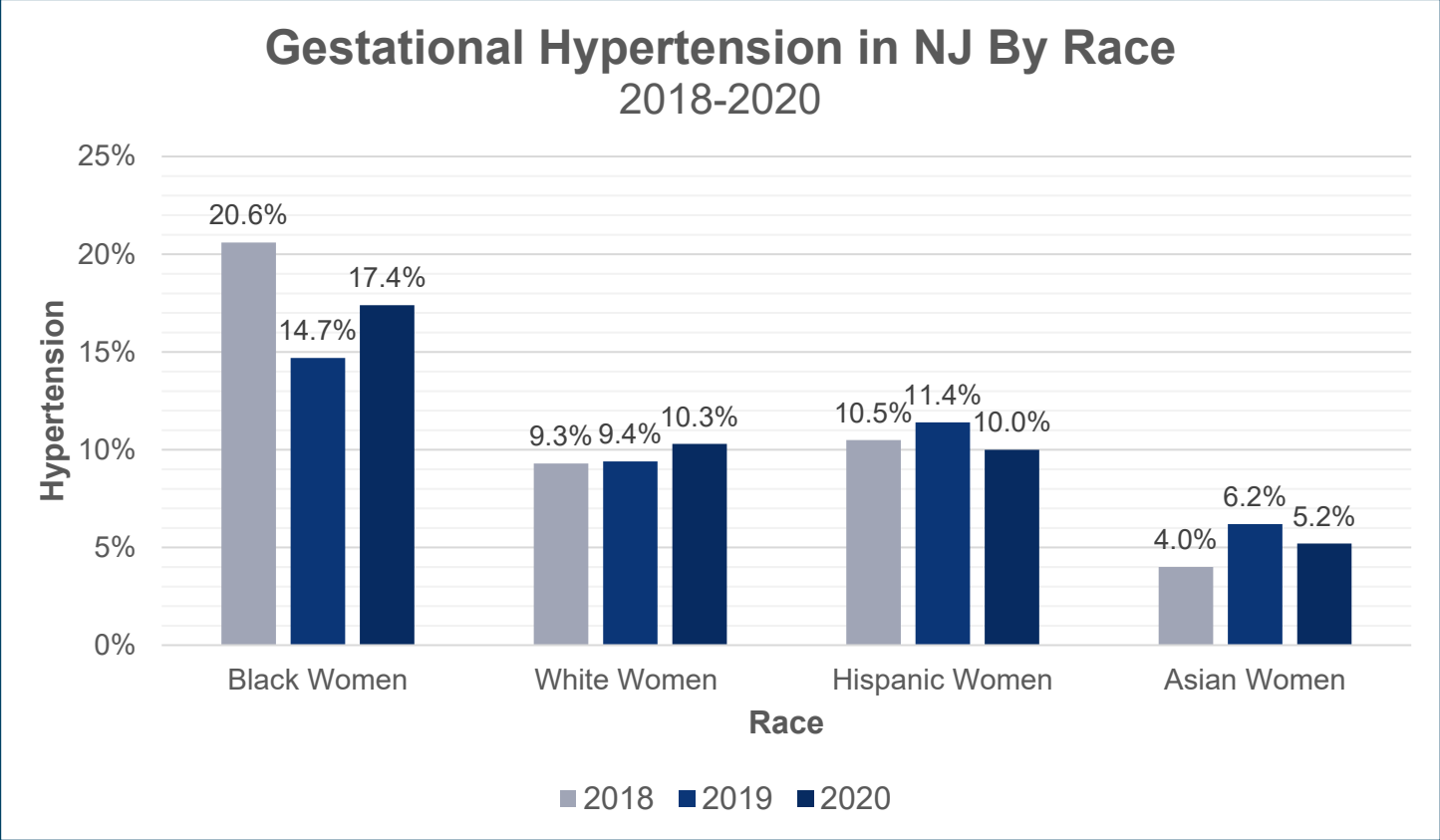


Figure 3: NJ State Health Assessment Data (NJ SHAD)

Over this three-year sample, the relative percentages of gestational hypertension among mothers in New Jersey remained significantly above the average amongst all races (10.1%)

In New Jersey, Black women made up 14% of births in 2018, 13.9% in 2019, and 13.6% in 2020.⁷

MLC Aim

By December 31st, 2023, improve by 15% the rate of SHTN episodes treated with a first line agent within 30-60 minutes among birthing people ≥ 20 weeks GA-7 days postpartum receiving care at New Jersey acute care hospital inpatient maternity and emergency department (ED units).

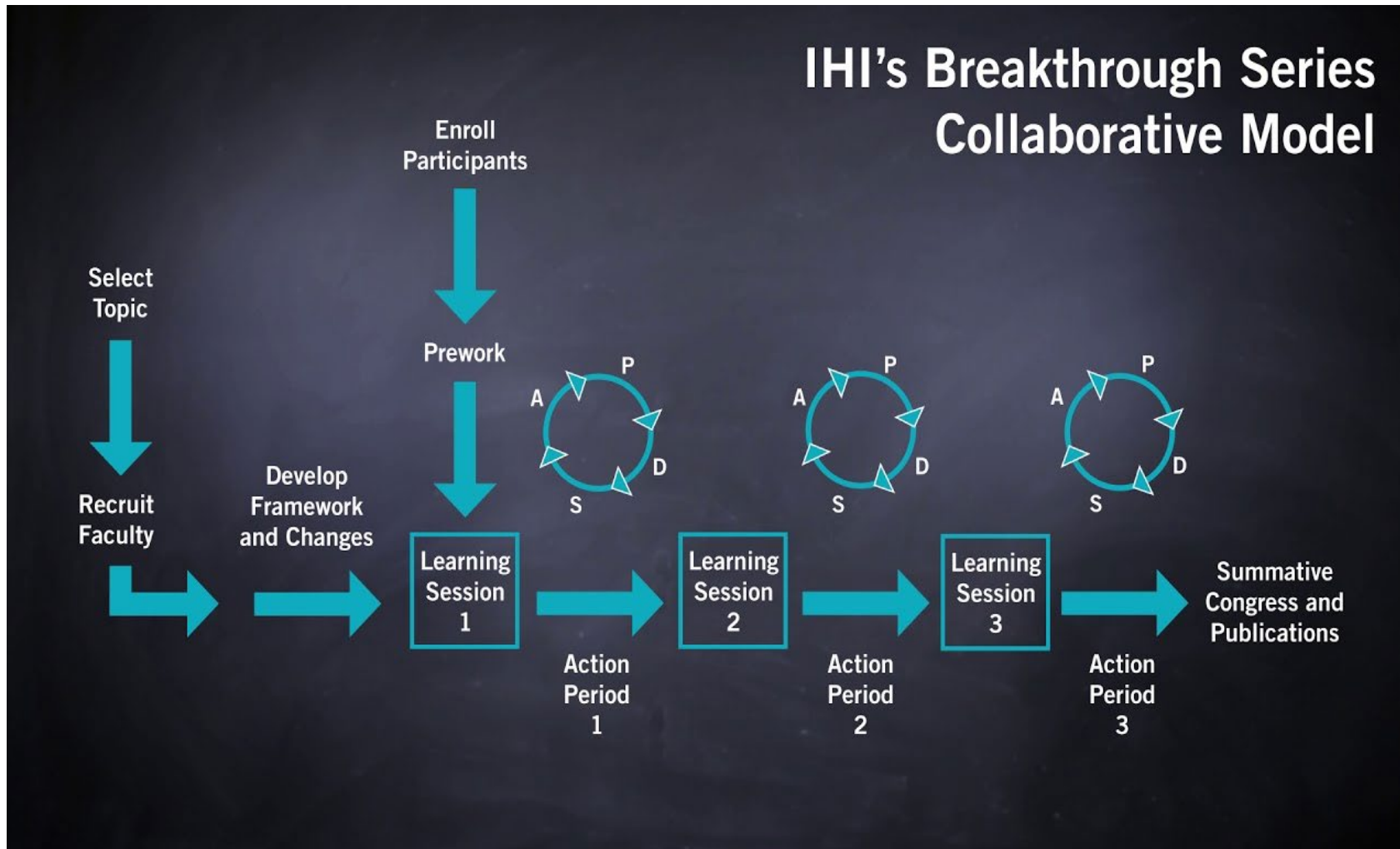
A focus of this initiative will be to identify, address, and reduce racial inequities and disparities for Black birthing people.

Chat Waterfall:

What work has your system done to date to address treatment for SHTN?



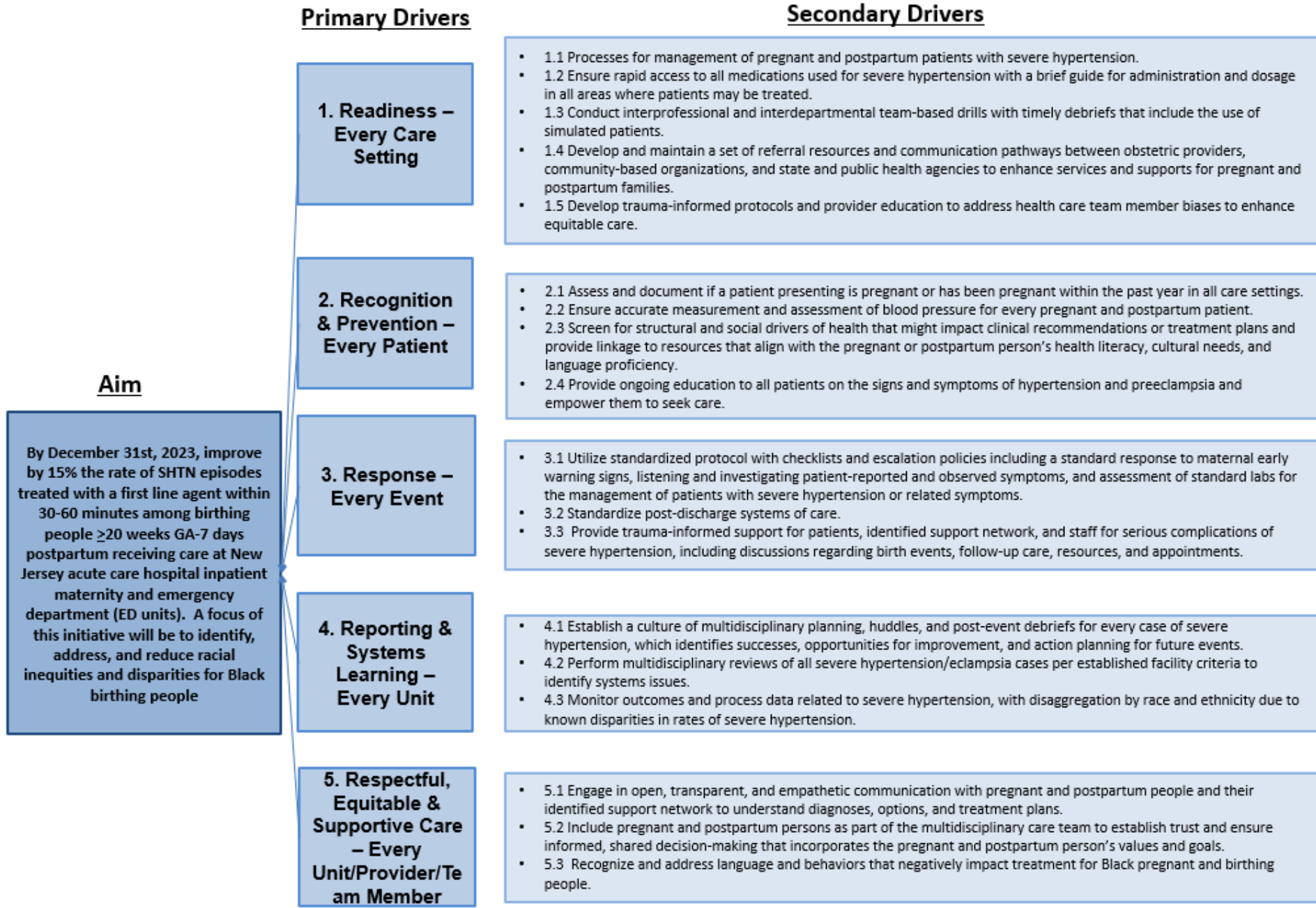
Collaborative Design



Poll: Was your institution involved in the BHLC over the last year?

1. Yes
2. No
3. Unsure

Key Driver Diagram



Benefits of Participation

1. Support to meet performance targets on some QIP-NJ P4P measures.

2. Access to State and national clinical experts in the field.

3. Ability to merge current efforts in quality improvement and equity in your hospital/broader health system.

4. Training for frontline care team and leadership.

5. Personalized coaching from improvement advisors.

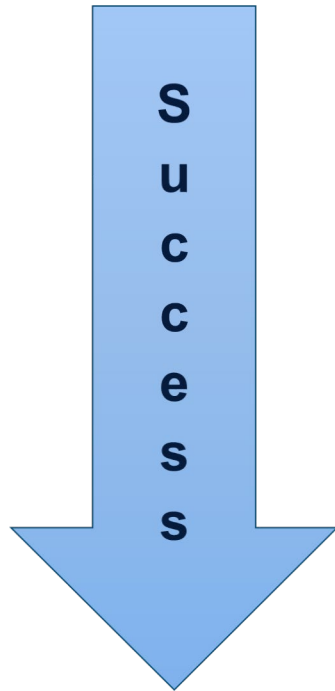
6. Increased quality improvement capacity across team members.

7. Access to a peer learning network.

8. Continuing professional education credits.*

*Credits for physicians, nurses, social workers, pharmacists and psychology credits for psychologists or certified counselors.

Factors Driving Successful MLC Participation



Form an interprofessional team that meets at least monthly.



Complete pre-work self-assessment.



Attend learning session conferences (half-day events).



Attend the monthly coaching sessions (60-minute webinars).



Collect data on MLC measures each month.

How to Join

- 1 Review the MLC materials posted on the [QIP-NJ Website](#).
- 2 Identify a team leader and/or clinical champion to lead your hospital in the MLC.
- 3 Complete a [Participation Interest Form](#) due by **August 12, 2022**.
- 4 Have hospital leadership sign a letter of support for team's participation in the MLC.



Questions?

- ✓ Schedule a one-on-one with us to go over any questions.
- ✓ Send questions, comments or requests for additional support in this process to qip-nj@pcgus.com.

Key Dates

Event	Date
<u>Info Session #2</u>	August 9, 2022, 11:00AM to 12:00PM EST
<u>Participation Interest Forms</u>	Due August 12 th , 2022, 5:00PM EST
<u>Pework Webinar</u>	September 13 th , 2022, 12:00PM to 1:00PM EST
<u>Learning Session 1</u>	October 4 th & 5 th , 2022, 1:00PM to 4:00PM EST

Questions & Comments

What additional information do you need to make a decision about joining the MLC?

Poll: Based on the information presented today, how likely are you to join the MLC?

1. Very likely
2. Somewhat likely
3. Unlikely
4. Unsure
5. Need more information

References

1. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics. ACOG Practice Bulletin No. 203: chronic hypertension in pregnancy. *Obstet Gynecol* 2019;133:e26–50.
2. GBD 2015 Maternal mortality collaborators. Global, regional, and national levels of maternal mortality, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet* 2016;388:1775–812.
3. Gestational hypertension and preeclampsia: ACOG Practice Bulletin, Number 222. *Obstet Gynecol* 2020;135:e237–60.
4. Judy AE, McCain CL, Lawton ES, Morton CH, Main EK, Druzin ML. Systolic hypertension, preeclampsia-related mortality, and stroke in California. *Obstet Gynecol* 2019;133:1151–9.
5. Martin JN, Thigpen BD, Moore RC, Rose CH, Cushman J, May W. Stroke and severe preeclampsia and eclampsia: a paradigm shift focusing on systolic blood pressure. *Obstet Gynecol* 2005;105:246–54.
6. Petersen EE, Davis NL, Goodman D, et al. Vital signs: pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–9.