# Quality Improvement Program – New Jersey (QIP-NJ) Maternal Learning Collaborative (MLC) Information Session #1 (Alternate Date): Frequency Asked Questions

The July 13, 2022 QIP-NJ Maternal Learning Collaborative Information Session #1 (Alternate Date) covered an overview of the Collaborative, benefits on participation, and guidance on how to join the Collaborative. Any additional questions or comments regarding the QIP-NJ MLC may be submitted to DOH via email at [QIP-NJ@PCGUS.com](mailto:QIP-NJ@PCGUS.com).

**Are the slides from the information session available?**

Yes, you can find the slide deck for Info Session 1 (alternate date) [here](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fqip-nj.nj.gov%2FDocuments%2FQIP-NJ_MLC_Info_Session_1.2_updated_FINAL.pptx&wdOrigin=BROWSELINK).

**Does the QIP NJ site contain any graphs that illuminate the disparities?**

You can find graphs that illuminate the disparities on slides 8 and 9 of the MLC Information Session 1 slide decks found on the [QIP-NJ Documents & Resources tab](https://qip-nj.nj.gov/Documents/Databook_v1.5_REDLINE_FOR_POSTING.pdf). The [MLC Charter](https://qip-nj.nj.gov/Documents/MLC_Charter_FINAL.pdf) also includes several graphs that highlight the disparities on the State and National level.

**What if there isn’t a high volume of patients with hypertension at our team’s hospital?**

We have seen this in hospital-submitted data. Hospitals with low incidence rates can decide internally whether they would like to participate in the MLC. The MLC could be an overall value add for care improvement regard to hypertension even if a hospital’s population is small.

From the Department’s perspective, the more hospitals participating in the Collaborative, the more the Department can learn from the hospitals as different initiatives and policy are formed. Participation is strongly encouraged due to the larger public policy gain.

**Will the monthly data collection definitions align with the annual Maternal Health measure definitions? One of our challenges with the BH LC was that the population was slightly different.**

The MLC team tries to align the definitions of each measure with the QIP-NJ pay-for-performance (P4P) measure sets as much as possible.

Please note that some measures in the MLC will be reported more frequently than the measures in the P4P measure sets. The monthly measure submission guidelines will have detailed guidance around numerator and denominator definitions, and we also have information around how they are calculated. Hospitals will likely be looking at pulling this data from their own EMR, based on how they record data on women with severe hypertension. If hospitals do not currently measure the data described in the MLC measures, their teams can learn potential ways to gain that information in the MLC. This data can be identified in their hospital EMR and can be tracked in a meaningful way to have a high impact on this population. More information on this will be available at the next information session.

**Is there monthly data submission required? If yes, what are the metrics or data specs?**

Yes, the monthly data submissions are required for participation in the MLC. Details on the measurement strategy can be found in the MLC program materials. The [MLC Change Package](https://qip-nj.nj.gov/Documents/MLC_Change_Package_FINAL.pdf) describes the measures at a high level. The measures will also be discussed in more detail at the next information session.