

Quality Improvement Program Development and Implementation



Case Study

The Client

New Jersey Department of Health and
Division of Medical Assistance and Health Services

The Project

Project management, design, development, and
implementation of a new Quality Improvement Program

The Opportunity

The New Jersey (NJ) Department of Health (DOH) and Division of Medical Assistance and Health Services (DMAHS) needed to develop and implement a new Quality Improvement Program (QIP-NJ), as the successor to NJ's Delivery System Reform Incentive Payment (DSRIP) program. The state-directed provider payment initiative focused on improving **maternal health** outcomes and connections to care for individuals with identified **behavioral health** (BH) conditions. The program promotes the health of NJ's Medicaid population through targeted evidenced-based strategies supported by performance-based payments under the state's Medicaid managed care contract.

In July 2021, the state began working with Public Consulting Group (PCG) to support the state's policy development and design, project management, and meeting facilitation to develop and administer the program.

The Solution

Data Informed Policy Design

At the onset of the development of QIP-NJ, PCG reviewed Medicaid payment and utilization data, performance on Healthcare Effectiveness Data and Information Set (HEDIS) and DSRIP measures, statewide healthcare scorecards, patient survey data, and information provided by stakeholders to develop a QIP tailored to the needs of the state. Consideration was given to patient demographics, access to care and provider outcomes in the selection of cohorts to be impacted by the program and the quality measures used to assess performance.

438.6(c) Preprint Submission

PCG developed the §438.6(c) Preprint submission for the approval of QIP-NJ, as a five year Pay for Performance initiative. PCG supported the state through the iterative process with state stakeholders and Centers for Medicare & Medicaid Services (CMS) representatives, and drafted memos, presentations, and responses to CMS feedback to forward the approval of the program. PCG supported the state by developing a state directed fee schedule enhancement (via 438.6(c) Preprint) as the mechanism for the interim year payment during the COVID-19 Public Health Emergency.

Performance Measure Selection, Baseline, and Statewide Benchmark Setting

Through in-depth literature review, engagement of stakeholders and subject matter experts (SMEs), PCG identified behavioral and maternal health quality measures. Our team assisted the state in selecting measures from those proposed and recommended through analysis of Medicaid claims data, hospital admission data, patient survey data and data collected through facility electronic record systems. PCG developed specifications for all selected performance measures and calculated the baseline result. PCG supports the state in determining statewide benchmarks for selected measures through multi-year review of provider data, available national data sets, statewide performance on comparable measures, and performance in other states implementing similar initiatives. We support the state in the development and refinement of behavioral and maternal health quality measure slate, baseline measurement, annual performance adjudication, and issue-resolution.

Provider Learning Collaborative

Our team designed and implemented a multi-year learning design to support hospitals participating in QIP-NJ. Through a provider learning collaborative, participants were introduced to best practices specific to performance metrics in the payment program through a formal change package and collaborative sessions with high performing facilities and are given opportunities to assess their readiness to change. Hospitals submit data on their process development, that are tracked to show the overall progress of participants throughout the duration of the collaborative. PCG provides ongoing provider support through participant learning collaboratives with SMEs. The provider learning collaborative is based on the Institute for Healthcare Improvement (IHI) Breakthrough Series model, which is a proven program designed to assist healthcare organizations in making breakthrough quality-focused improvements using a collaborative methodology.

Evaluation

PCG planned a four-year evaluation design to span the length of QIP-NJ and continues to evaluate the program to inform public health outcomes and performance indicators. This mixed-methods evaluation informs stakeholders and refines QIP-NJ objectives. Our team evaluates the program by conducting performance analyses, hospital surveys, and case studies to evaluate program components and their short-term and long-term outcomes. The evaluation design aims to evaluate provider experience, knowledge gaps, and areas for improvements.

The Results

Key deliverables from PCG include:

- Supported the state in identifying relevant statewide and national resources to inform the development of QIP-NJ.
- Developed the §438.6(c) Preprint submission for the approval of QIP-NJ, as a five year Pay for Performance initiative.
- Identified behavioral and maternal health quality measures through in-depth literature review and the engagement of stakeholders and subject matter experts.
- Supported the state in determining baseline for selected measures through multi-year review of provider data, and set appropriate benchmarks using available national data sets, statewide performance on comparable measures, and performance in other states implementing similar initiatives. .

To learn more, contact PCG today.



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