1 New Jersey

Organization Type	Participating Organization
State Medicaid Agency	New Jersey Department of Human Services (DHS)
Managed Care Organization(s)	Horizon Blue Cross Blue Shield of New Jersey (Horizon)
Health Care Delivery Organization(s)	RWJBarnabas Health Systems (RWJBarnabas)
Community Based Organization or Other Partners	Partnership for Maternal and Child Health of Northern New Jersey (PMCHNNJ)

Identifying and Diagnosing the Problem

New Jersey ranks 36 out of the 50 U.S. states in overall maternal mortality and has one of the highest maternal mortality rates for Black pregnant individuals in the nation. A Black birthing individual in New Jersey is seven times more likely than a white one to die from maternity-related complications. Black women experience higher rates of postpartum depression but are two times less likely to receive mental health care after delivery compared to white women. After analyzing data for all Medicaid-managed care births from 2016 to 2018, the team identified significant disparities in mood and anxiety disorder diagnoses and treatment between their Black and white populations during perinatal and postnatal periods.

The New Jersey team's initiative focuses on improving perinatal mood and anxiety disorder diagnosis and treatment among Black birthing individuals. Using a fishbone diagram with an equity lens, the team surveyed physicians and midwives at RWJBarnabas' Newark and Jersey City hospital sites for their input and expertise. They used the responses to identify four primary root causes of the disparities:

1. Limitations with using the Edinburgh Postnatal Depression Screening (EPDS) scale in isolation such as inadequate capture of social drivers that cause increased risk of depression with the EPDS scale alone. Additionally, the EPDS scale has only been validated in white, commercially insured populations but is used widely for all patients regardless of their race, ethnicity, or insurance type.
2. Lack of integration between medical and behavioral health services for perinatal and postpartum birthing individuals due to a lack of Medicaid participating behavioral health providers.
3. Lower rates of postpartum care for depression and anxiety among Black postnatal individuals.
4. Stigma associated with mood disorder screening that leads to hesitance to answer questions around depression.

They also identified potential intervention options using a priority matrix to categorize root causes based on feasibility and importance.

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Designing and Implementing Change

The team conducted a patient journey mapping exercise which helped them center the patient's journey through the healthcare system. The intervention was focused on improving care and support for Black pregnant Horizon Medicaid patients who receive care at Newark Beth Israel Hospital, an RWJB site in Newark, NJ. The tool mapped out existing patient care processes, resources, and programs from pre-conception to delivery and known gaps in care across each partner organization.

They also collaborated with the Partnership for Maternal and Child Health of Northern New Jersey (PMCHNNJ), a community-based organization in Newark with robust perinatal health programming.

Based on the root cause analysis results and patient journey map, the team identified and piloted two intervention components:

1. A training for RWJBarnabas healthcare providers to improve the diagnosis of perinatal mood and anxiety disorders. The training provided recommendations for how to provide culturally relevant screening for Black perinatal patients and emphasized the need to utilize multiple sources of diagnostic information in addition to the Edinburgh screening scale.
2. A consolidated resource guide for providers and patients to improve referral processes to sources of care and support for mood and anxiety disorders, which included the promotion of RWJBarnabas' existing perinatal virtual support group.

Lessons Learned

At the start of the NJ team's initiative in 2019, New Jersey MCOs only covered physical health; behavioral health was covered through carved-out fee-for-service arrangements. Services for postpartum mood and anxiety disorders were not reimbursable through Horizon Blue's MCO contract. As a result, the team was unable to establish value-based or alternative payment mechanisms that would directly incentivize changes in care delivery for postpartum mood disorders, which may have played a role in low levels of provider engagement.

The team explored alternatives such as integrating a maternal health measure to an established patient-centered medical home shared savings program, using a total cost of care savings model, and enhancing the state Medicaid's episodes of care model that is currently in a three-year Perinatal Episode of Care Pilot. However, the alternatives were not feasible due to time and implementation challenges related to the behavioral health carve-out.

New Jersey's state Medicaid agency is now 'carving-in' behavioral health into Medicaid Managed Care delivery. Lessons learned from the AHE Learning Collaborative will help inform policy decisions related to the state's behavioral health carve-in.

In September 2021, New Jersey's Department of Human Services announced plans to integrate behavioral health into whole person care and continue access to behavioral health services for Medicaid beneficiaries through their 1115 comprehensive demonstration renewal.

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Integrating physical and behavioral health services is crucial for increased access to essential healthcare services for Medicaid members and opportunities to leverage payment models to change care behaviors to advance health equity.

Looking Ahead

The team has been working with AHE to disseminate lessons learned through a case study to inform future systems transformation efforts. Its pilot intervention results will support New Jersey Medicaid's behavioral health integration process and the state's ongoing perinatal episode of care pilot.