



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

<http://www.qualityforum.org>

# Maternal Morbidity and Mortality Web Meeting 7

Recommendations for Measurement Approaches

*January 26, 2021*

*Funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I –75FCMC19F0008.*

# Welcome



## Agenda

- Welcome and Opening Remarks
- Meeting Objectives
- Roll Call
- Workgroup Recommendations Results and Discussion
- Maternal Mortality Measurement Concept
- Maternal Morbidity and Mortality Measurement Frameworks
- Opportunity for Public Comment
- Next Steps



## Objectives

1. To come to consensus on final recommendations for maternal morbidity and mortality measurement approaches
2. To come to consensus on final recommendations for a maternal mortality measure concept
3. To review the final maternal morbidity and mortality measurement frameworks

## NQF Staff

- Nicole Williams, Director
- Terra Greene, Director
- Teresa Brown, Senior Manager
- Udara Perera, Senior Manager
- Tami Funk, Manager
- Hannah Ingber, Senior Analyst
- Maha Taylor, Managing Director
- Sarah Rae Easter, Clinical Consultant

## Standing Committee

- **Lekisha Daniel-Robinson, MSPH (Co-chair)**
- **Elizabeth Howell, MD, MPP (Co-chair)**
- **Timoria McQueen Saba (Co-chair)**
- Angela Anderson, CNM, DNP, FACNM
- Debra Bingham, DrPH, RN, FAAN
- Emily Briggs, MD, MPH, FAAFP
- Beth Ann Clayton, DNP, CRNA, FAAN
- Charlene Collier, MD, MPH, MHS
- Joia Crear-Perry, MD
- U. Michael Currie, MPH, MBA
- Eugene Declercq, PhD, MS, MBA
- Mary-Ann Etiebet, MD, MBA
- Dawn Godbolt, PhD, MS
- Kimberly Gregory, MD, MPH
- Kay Johnson, MPH, MEd
- Deborah Kilday, MSN
- Elliott Main, MD
- Claire Margerison, PhD, MPH
- Kate Menard, MD, PhD
- Katrina Nardini, CNM, WHNP-BC, MSN, MPH, FACNM
- LaQuandra Nesbitt, MD, MPH
- Nicole Purnell
- Diana Ramos, MD, MPH, FACOG
- Elizabeth Rochin, PhD, RN, NE-BC
- Rachel Ruel, MSW, CLC, Community Doula
- Amber Weiseth, DNP, MSN, RNC-OB
- Amanda Williams, MD, MPH
- Tiffany Willis, PsyD
- Susan Yendro, RN, MSN



## Federal Liaisons

- **Girma Alemu, MD, MPH**
  - ▣ Health Resources and Services Administration
- **Charlan Kroelinger, PhD\***
  - ▣ Centers for Disease Control and Prevention
- **Renee E. Fox, MD**
  - ▣ Centers for Medicare & Medicaid Services
- **Marsha R. Smith, MD, MPH, FAAP**
  - ▣ Centers for Medicare & Medicaid Services

\*temporary replacement CDC liaison for Dr. Wanda Barfield

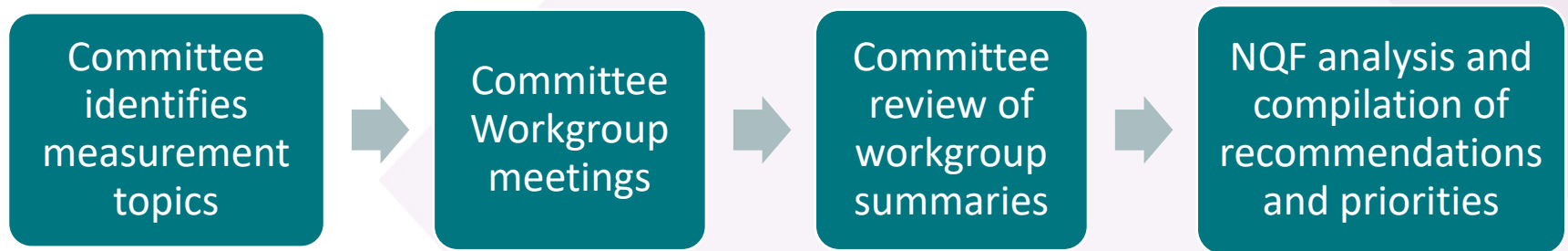
# **Workgroup Prioritization and Recommendations Results and Discussion**



## Requirements for Recommendations Report

- Report shall consider and include applicable information from the Environmental Scan
- Report shall detail **two Measurement Frameworks**; one for morbidity and one for mortality
- Recommendations for **actionable approaches to improve maternal morbidity and mortality measurement** across various healthcare settings, systems and stakeholders
- Recommendations for **short-term** (1 – 4 yrs.) and **long-term** (5+ yrs.) **approaches** to identify how measurement can enhance current maternal health outcomes and provide for the reduction of adverse maternal events
- Recommendation for an **actionable measure concept for maternal mortality**
  - ▣ Describe how measure can be used across disparate state systems
  - ▣ Include proposed clinical and social-risk adjustment plan for comparisons

# Review Prioritization and Recommendations Process



## Committee Workgroups

Morbidity Framework Domains	Workgroup A Focus	Workgroup B Focus	Workgroup C Focus	Workgroup D Focus
Prenatal & Preconception	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Racism</li> <li>• Health Equity</li> <li>• Discrimination</li> <li>• Implicit Bias</li> <li>• Lived Environment</li> </ul>	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Health Behaviors</li> <li>• Co-morbidities</li> <li>• Gaps in Provider Education</li> </ul>	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Risk Appropriate Care</li> <li>• Healthcare Access</li> <li>• Quality Care</li> <li>• Unequal treatment</li> </ul>	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Support</li> <li>• Patient Experience</li> <li>• Person Centered Care</li> <li>• Mental Health</li> </ul>
Labor & Delivery				
Post-Partum				
Well Woman Care				

Mortality Framework Domains	Workgroup A Focus	Workgroup B Focus	Workgroup C Focus	Workgroup D Focus
Antenatal	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Racism</li> <li>• Health Equity</li> <li>• Discrimination</li> <li>• Implicit Bias</li> <li>• Lived Environment</li> </ul>	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Health Behaviors</li> <li>• Co-morbidities</li> <li>• Gaps in Provider Education</li> </ul>	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Risk Appropriate Care</li> <li>• Healthcare Access</li> <li>• Quality Care</li> <li>• Unequal treatment</li> </ul>	<u>subdomains:</u> <ul style="list-style-type: none"> <li>• Support</li> <li>• Patient Experience</li> <li>• Person Centered Care</li> <li>• Mental Health</li> </ul>
Labor & Delivery				
Post-Partum				

## Committee workgroups expectations

- Reviewed measurement topics (identified by Committee during web meeting) and decided which are most important for measurement
- For each measurement approach, the workgroups were asked to consider whether they can be achieved within a short-term time period (1-4 yrs.) or long-term time period (5+ yrs.) and whether the patient perspective was accounted for.
- If there were additional measurement topics/approaches that were not identified within the provided list, each workgroup was asked to address these gaps accordingly.
- Workgroups were asked to review the summary templates prior to their finalization by NQF staff

## Morbidity Measurement Topic & Approaches – Group Discussion

- Prioritization of Measurement Topics
- Review and prioritize Morbidity measurement approaches
- Morbidity Measurement Gaps Identified
- Final Morbidity Measurement Recommendations for Discussion

### Questions to Consider

- Are there any **obvious** gaps missing from the measurement topics?
- Does the Committee agree with the measurement topics presented as recommendations for morbidity?

## Priority Measurement Topics for Morbidity

- Timely access to treatment and receipt of services
- Risk Appropriate Care\*
- Follow up and Coordination of Care\*
- Protocols and guideline adherence
- Substance use disorders, mental health, behavioral health
- Access to pain management and labor support
- Patient and Family Reported Outcomes and Experience of Care
- Unequal Treatment / Equitable Treatment

\*Propose combining these topics

## Alignment of Measurement Topics

- Timeliness of treatment AND Access to treatment and receipt of services AND Treatment of hemorrhage
  - ▣ Combined to **Timely access to treatment and receipt of services**
    - » Both access and timeliness are critical factors to preventing severe morbidity and mortality within maternal care
    - » Timeliness can be compared through stratification
    - » Some populations have accessibility issues, others have availability issues, and some have both
- Coordination of care AND Risk appropriate care AND Failure to rescue
  - ▣ Combine to **Coordination of Risk Appropriate Care**
    - » Receiving risk-appropriate care may require a transfer or co-management of prenatal care
    - » Coordinated care between specialists or hospitals is necessary to optimize outcomes

## Alignment of Measurement Topics continued

- Differences in screening practices during intrapartum care AND Clear-cut actions and protocols for the first trimester visits AND Clear-cut actions and protocols for postpartum visits AND Protocols and Guideline Adherence
  - ▣ Combined to **Protocols and Guideline Adherence**
    - » This is a priority area to prevent overuse of care and minimize practice pattern variation
    - » The goal of adherence to protocols and guidelines plays an important role in ensuring equal treatment
    - » The majority of monitored screening practices occurring as a part of routine antepartum care target reducing neonatal morbidity
    - » Protocols and Guideline Adherence to specifically include hypertension and hemorrhage



## Alignment of Measurement Topics continued

- Substance Use and Misuse AND Mental Health
  - ▣ Combined to **Substance Use Disorders, Mental Health, Behavioral Health**
    - » Clinical areas have significant overlap in terms of clinicians providing this care and the pathways to ensure implementation
- Access to continuous labor support AND Pain management
  - ▣ Combined to **Access to Pain Management and Labor Support**
    - » Misalignment with birth goals and communication can lead to adverse outcomes

## Alignment of Measurement Topics <sup>continued2</sup>

- Patient reported experience of care AND Family reported outcomes and experiences
  - ▣ Combined to **Patient and Family Reported Outcomes and Experiences of Care**
    - » Patients may not be aware or conscious during all aspects of care, but families are often present
    - » Families experience differential enforcement of visiting hours or staff response
- Unequal care once access is achieved AND Everyone being treated equally
  - ▣ Combined to **Unequal Treatment / Equitable Treatment**
    - » Workgroups discussed topic areas overlapping heavily



## Topics Excluded from Recommendations Consideration

- Spacing of pregnancies
  - ▣ Workgroups felt that spacing of pregnancy counseling is unequally provided
- Access to Contraception
  - ▣ Captured under Timely access to treatment and receipt of services

## Summary of Measurement Topics & Approaches

### Measurement Topic:

#### Timely access to treatment and receipt of services

#### **Rationale:**

Timeliness of treatment and receipt of services is a critical factor for preventing severe morbidity and mortality within maternal care. This includes the availability and accessibility of services, provision of care and receipt of those services. Currently, there tends to be an overprovision of care during the perinatal period that is not always appropriate and under provision of care for mental health and substance use disorders. Certain populations (e.g., rural communities) experience accessibility issues and others experience challenges with availability of services. Measures addressing this topic should capture the differences in timeliness of treatment, which can be compared through stratification. Stratification will also reveal differences in receipt of services.

# Summary of Measurement Approaches & Topics

## Measurement Approaches

- Timing of care (e.g., initiation of prenatal care, timeliness of completed referrals/follow up, time from diagnosis to treatment).
  - ▣ Time to treatment of hypertension, stratified by race/ethnicity.
  - ▣ Time to treatment of pain management, stratified by race/ethnicity.
- Accessing treatment that is culturally congruent, relevant, and appropriate. Treatment and/or referrals to services that address specific needs related to culture, race, ethnicity, and account for language barriers.
- Improving measurement and screening by separating treatment for mental health and substance use disorders (addressing Access)



## Morbidity Measurement Recommendations - Discussion Questions

- Have we captured the right measurement approaches for each topic?
  - ▣ Are these approaches comprehensive and provide detail?
- Do you notice redundancy within the approaches for each measurement topic? Or across topics?
- Are there obvious gaps within the measurement approaches? What is missing?
- How can we make the measurement approaches more tangible?
  - ▣ What aspects of the measurement approaches can be accomplished in short-term (i.e., 1 – 4 yrs.)? and long-term (e.g., 5+ years)?



NATIONAL  
QUALITY FORUM

# Priority Morbidity Approaches

*[screenshare]*

## Priority Measurement Topics for Mortality

- Mortality Prevention
- Substance use disorders, mental health, behavioral health\*
- Continuity of coverage AND care
- Systematic Approaches for Maternal Mortality
- Failure to Rescue
- Patient and Family Reported Outcomes and Experience of Care\*
- Improvements to Mortality Measurement at the Hospital Level
- Improvement to Mortality Measurement at the state level

\*Topics have crossover with the Morbidity framework





## Mortality Measurement Recommendations - Discussion Questions

- Have we captured the right measurement approaches for each topic?
  - ▣ Are these approaches comprehensive and provide detail?
- Do you notice redundancy within the approaches for each measurement topic? Or across topics?
- Are there obvious gaps within the measurement approaches? What is missing?
- How can we make the measurement approaches more tangible?
- What aspects of the measurement approaches can be accomplished in short term (i.e., 1 – 4 yrs.)? and long term (e.g., 5+ years)?



NATIONAL  
QUALITY FORUM

# Priority Mortality Approaches

*[screenshare]*



## Mortality Measurement Gaps Identified

Measurement Approaches and identification of long and short-term approaches lacking from workgroup summaries:

- Improvements to Mortality Measurement at the Hospital Level
  - ▣ Root Cause Analysis
- Improvement to Mortality Measurement at the state level
- Failure to Rescue

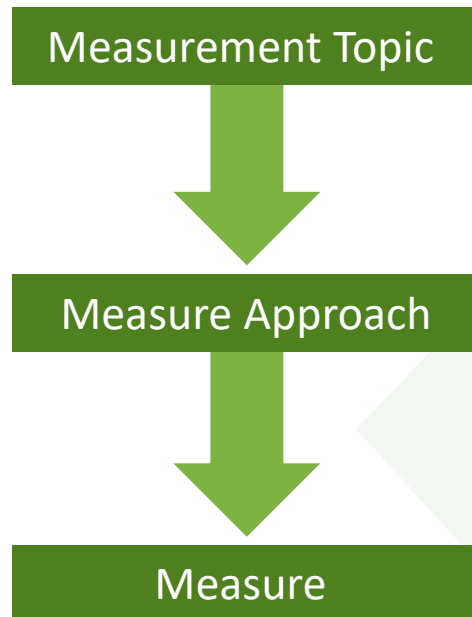
# Maternal Mortality Measurement Concept



## Requirements for Recommendations Report

- Recommendation for an **actionable measure concept for maternal mortality**
  - ▣ Describe how the measure can be used across disparate state systems
  - ▣ Include proposed clinical and social-risk adjustment plan for comparisons

## Key Measurement Terms



- An overarching theme for measurement that highlights the outcome or what is meant to be achieved
- An idea for a measure that includes a description of the measure, including planned measure focus and target population
- A fully developed metric that includes detailed specifications and may have undergone scientific testing (e.g., reliability and validity)



## Maternal Mortality Measure Concepts – Review of Previous Discussion

- Maternal near miss: mortality ratio
  - ▣ Captures cases that may not otherwise be caught but will have attribution issues (due to the possibility of patient transports between facilities) and denominator issues
  - ▣ If regional, may improve communication, referral lines, and maternal levels of care
  - ▣ A challenge to implement on an institutional level
  - ▣ Should be risk adjusted
    - » *For example, an examination of preeclampsia should include only term mothers, or an examination of hemorrhage should exclude accrete spectrum cases. It cannot simply be a crude ratio without adjustment*
  - ▣ A potential way to further define “failure to rescue”
  - ▣ Should be balanced carefully by other measures in order to avoid incentivizing harmful care
    - » *For example, unexpected complications in term newborns (NQF #0716)*



## Maternal Mortality Measure Concepts - Review of Previous Discussion

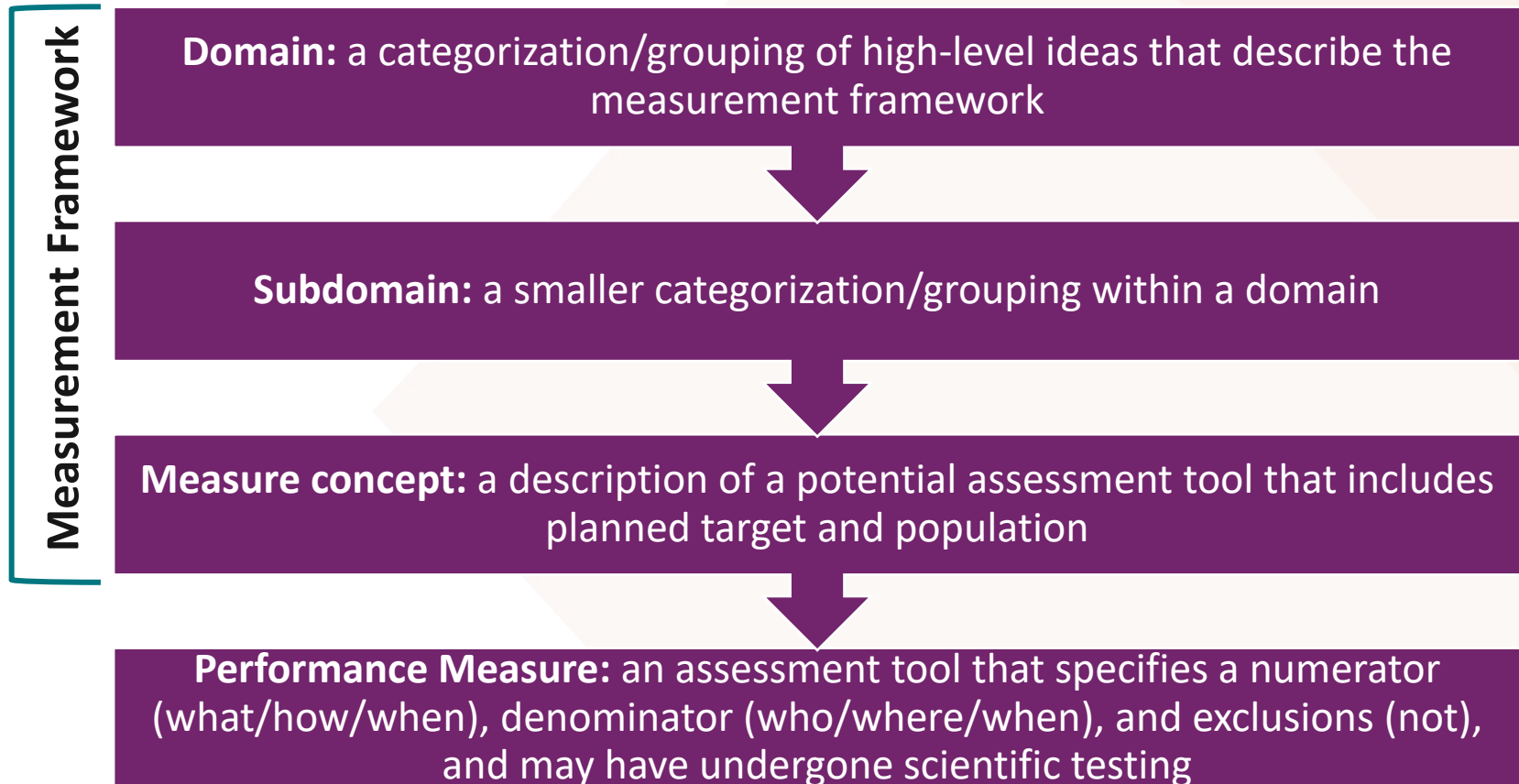
- Case fatality rate – all complications
  - ▣ Will need a large denominator to prove effective (i.e., a state or regional level) due to the small number of maternal mortalities
- Intra-hospital mortality index
  - ▣ Committee not in support of this measure - The denominator is too small to be a useful measure for reducing maternal mortality
  - ▣ Measures for the other two thirds of deaths that are community-oriented should be considered for measure concepts and further development
    - » *Outside of a hospital*
    - » *Of events taking place well after birth*



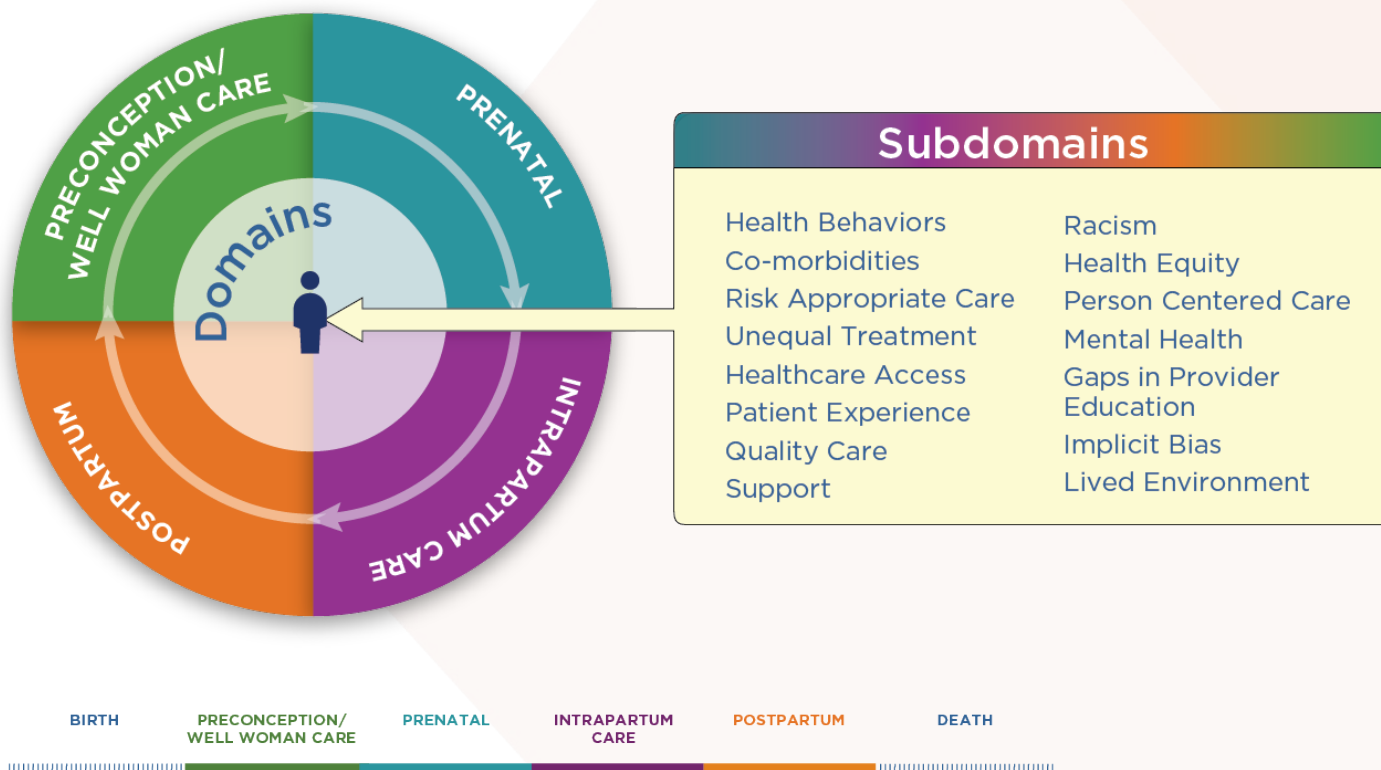
# Final Measurement Frameworks



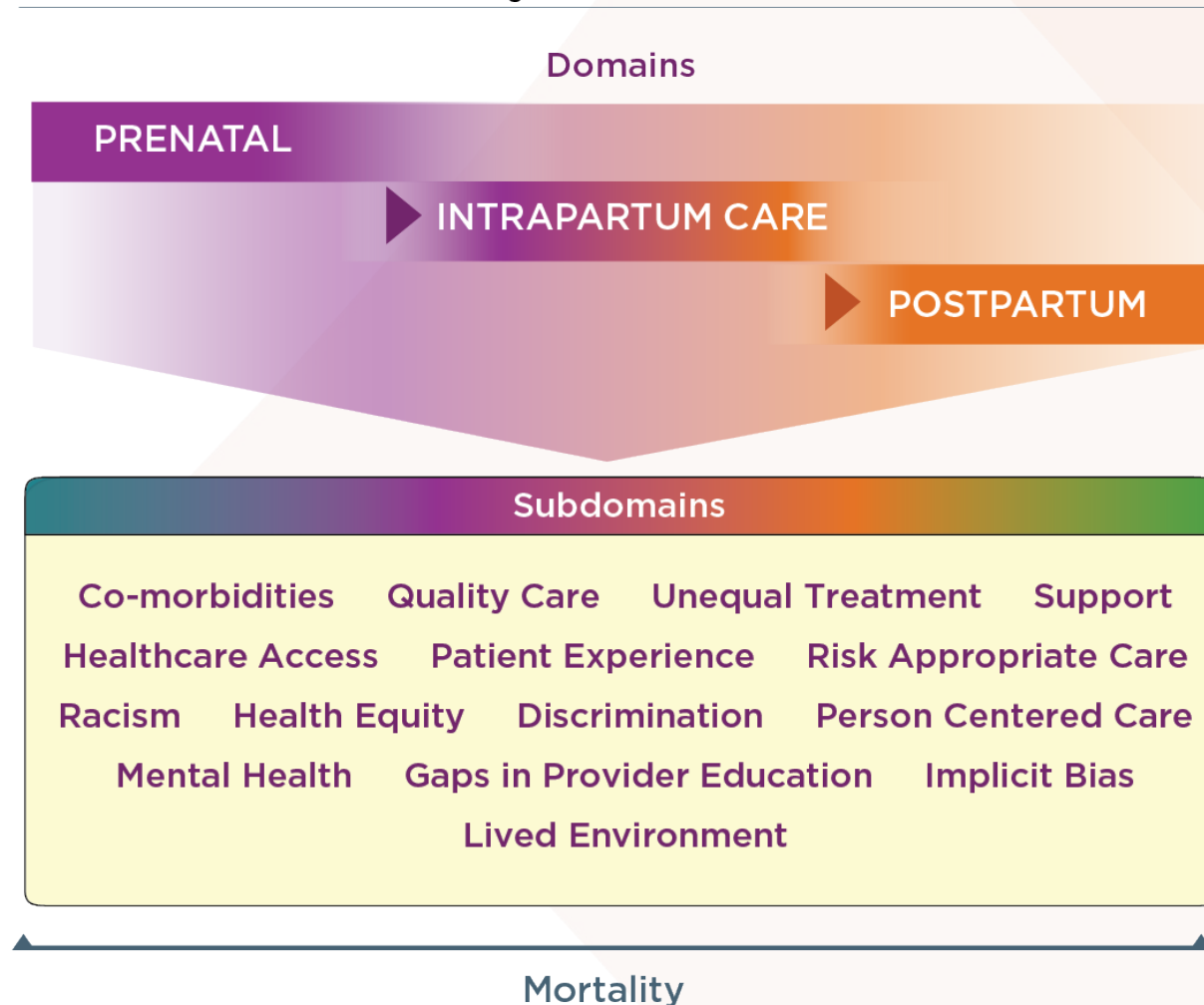
## Structure for Frameworks



## Maternal Morbidity Measurement Framework



## Maternal Mortality Measurement Framework



# Opportunity for Public Comment

# Next Steps

## Next Steps – Recommendations Report

Deliverable	Due Date
Recommendations Report on Maternal Morbidity and Mortality measurement - Draft 1	February 18, 2021
Recommendations Report on Maternal Morbidity and Mortality measurement - Draft 2	March 18, 2021
30-day Comment period on Recommendations Report on Maternal Morbidity and Mortality measurement	April 6 – May 5, 2021
Final Recommendations Report	August 13, 2021

## Next Steps – Web Meetings

Meeting	Topic	Date
Web Meeting 8:	Post-Comment Call and Project Wrap Up	May 26, 2021



# THANK YOU.

**NATIONAL QUALITY FORUM**

<http://www.qualityforum.org>