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Maternal Morbidity and Mortality Web Meeting 8

Review of Public Comments and Discussion of Maternal
Mortality Measure Concepts

May 26, 2021

Welcome



Agenda

- Welcome and Opening Remarks
- Meeting Objectives
- Roll Call
- Review of Public Comments
- Discussion of Proposed Maternal Mortality Measurement Concepts
- Opportunity for Public Comment
- Next Steps



Objectives

1. Discuss and consider public comments received.
2. Come to Committee consensus on an actionable maternal mortality concept to recommend in the final report. This concept must consider national comparison and risk adjustment.

NQF Staff

- Chuck Amos, Director
- Nicole Williams, Director
- Udara Perera, Senior Manager
- Tamara Funk, Manager
- Hannah Ingber, Senior Analyst
- Katie Berryman, Senior Project Manager
- Sarah Rae Easter, Clinical Consultant
- Alejandra Herr, Senior Managing Director
- Sheri Winsper, Senior Vice President

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
- **Kristen Zycherman****
 - ▣ Centers for Medicare & Medicaid Services
- **Marsha R. Smith, MD, MPH, FAAP**
 - ▣ Centers for Medicare & Medicaid Services

*temporary replacement CDC liaison for Dr. Wanda Barfield

** temporary replacement CMS liaison for Dr. Renee E. Fox

Responding to Public Comments



Overview of Public Comments

- Total of 25 comments submitted
 - ▣ Nine unique individuals/organizations
 - ▣ Nineteen unique comments
- Organizational comments included:
 - ▣ American Academy of Family Physicians
 - ▣ American College of Obstetricians and Gynecologists
 - ▣ American Medical Association
 - ▣ Association of Women's Health, Obstetric and Neonatal Nurses
 - ▣ Federation of American Hospitals
 - ▣ Hyperemesis Education and Research Foundation

Themes of Public Comments

- Align financial incentives with clinician behaviors
- Monitor for unintended consequences from measurement
- Including patient/staff feedback in quality improvement & measurement
- Include common complaints (e.g., hyperemesis) as potential contributors to medical comorbidity and/or psychosocial stressors
- Clarify language (e.g., alphabetized lists, clear definitions)
- Include risk adjustment for measure concept(s)
- Widespread support and gratitude for Committee's work



Public Comment Discussion

- Revisions to definition of “provider” used in the report
- Level of evidence required for recommendations & measure concepts, including suitability for quality measurement
- Feedback on proposed responses as listed in the Public Comment spreadsheet

Discussion of Maternal Mortality Measurement Concepts



Proposed Maternal Mortality Measurement Concepts

- Concept #1: Cases of pregnancy-related deaths / Cases of severe maternal morbidity
- Concept #2: Pregnancy-related mortalities AND pregnancy-associated deaths by overdose, suicide, and violent deaths per 100,000 live births
- Concept #3: Number of women with pregnancy-related deaths per 100,000 live births



Concept #2: Pregnancy-related deaths AND pregnancy-associated deaths by overdose, suicide, and violent deaths per 100,000 live births

Numerator: Pregnancy-related mortality AND Pregnancy-associated death by overdose, suicide, violent deaths

Denominator: Per 100,000 live births



Concept #2: Pregnancy-related deaths AND pregnancy-associated deaths by overdose, suicide, and violent deaths per 100,000 live births

■ Comment Themes

1. Challenges in data collection, especially around postpartum deaths
2. Need for standardization of data collection for each element
3. Risk adjustment



Concept #2: Pregnancy-related deaths AND pregnancy-associated deaths by overdose, suicide, and violent deaths per 100,000 live births

Questions:

- ▣ Are the numerator and denominator plausible?
- ▣ Can this data be reliably collected?
 - » Is there variation in how this data is collected that needs to be addressed?
- ▣ Can this data be compared on a national level? Can comparisons be made between states?
- ▣ What additional considerations should be taken into account for implementation?



Concept #2: Pregnancy-related deaths AND pregnancy-associated deaths by overdose, suicide, and violent deaths per 100,000 live births

- What would risk adjustment look like for this measure?
- Which of the following factors should be considered?
 - Medical and obstetric comorbidities (unrelated to the outcome of interest)
 - Insurance status
 - Parity
 - Hospital/Care System (high vs. low acuity settings; urbanicity vs rurality)
 - SES risk indicators/social vulnerability
 - Race/racism
- What would be needed in the future to risk adjust?



Concept #1: Cases of pregnancy-related deaths / Cases of severe maternal morbidity

Numerator: Number of women with pregnancy-related deaths per 100,000 live births

Denominator: Number of women experiencing severe maternal morbidity per 100,000 live births



Concept #1: Cases of pregnancy-related deaths / Cases of severe maternal morbidity

- Comment Themes:

1. Flaws in the ratio concept/choice of denominator
2. Standardization of data elements collected
3. Lack of adequate quality data sources



Concept #1: Cases of pregnancy-related deaths / Cases of severe maternal morbidity

Questions:

- ▣ Are the numerator and denominator plausible?
- ▣ Can this data be reliably collected?
 - » Is there variation in how this data is collected that needs to be addressed?
- ▣ Can this data be compared on a national level? Can comparisons be made between states?
- ▣ What additional considerations should be taken into account for implementation?



Concept #1: Cases of pregnancy-related deaths / Cases of severe maternal morbidity

- What would risk adjustment look like for this measure?
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 - Medical and obstetric comorbidities (unrelated to the outcome of interest)
 - Insurance status
 - Parity
 - Hospital/Care System (high vs. low acuity settings; urbanicity vs rurality)
 - SES risk indicators/social vulnerability
 - Race/racism
- What would be needed in the future to risk adjust?



Concept #3: Number of women with pregnancy-related deaths per 100,000 live births

- This measure does not meet the requirements for recommendation laid out in our statement of work because it is currently in use. The measure concept must be innovative and add to the current field of measurement.

Opportunity for Public Comment

Future Considerations and Next Steps



Next Steps

- NQF Staff will incorporate comments and revisions per Committee discussion and refine the report
 - ▣ *Penultimate opportunity for additional Committee feedback and review*
- Recommendations Report due to CMS on June 30, 2021
 - ▣ *Final opportunity for Committee feedback and review*
- Final Recommendations Report will be published August 13, 2021
- Disseminate final report and increase awareness



Project Contact Info

- Email: maternal@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
<http://www.qualityforum.org/ProjectDescription.aspx?projectID=91184>
- SharePoint site:
<https://share.qualityforum.org/portfolio/MaternalMM/SitePages/Home.aspx>

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