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Maternal Morbidity and Mortality Web Meeting 6

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November 13 & 16, 2020

Day 1

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

Welcome

Agenda Day 1

- Welcome and Opening Remarks
- Meeting Objectives
- Roll Call
- Maternal Morbidity and Mortality Recommendations Report
- Measurement Frameworks Review
- Maternal Morbidity and Mortality Measurement Approaches
- Opportunity for Public Comment
- Next Steps

Meeting Day 1 Objectives

1. **Finalize and approve** Morbidity and Mortality Frameworks
2. **Explore and Identify** measurement approaches for maternal morbidity and mortality
3. **Present** structure for committee workgroups



Standing Committee

- **Lekisha Daniel-Robinson, MSPH (Co-chair)**
- **Elizabeth Howell, MD, MPP (Co-chair)**
- **Timoria McQueen Saba (Co-chair)**
- Angela Anderson, CNM, DNP, FACNM
- Katherine Barrett, MPH
- Debra Bingham, DrPH, RN, FAAN
- Emily Briggs, MD, MPH, FAAFP
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- Amanda Williams, MD, MPH
- Tiffany Willis, PsyD
- Susan Yendro, RN, MSN



Federal Liaisons

- **Girma Alemu, MD, MPH**
 - ▣ Health Resources and Services Administration
- **Wanda Barfield, MD, MPH, RADM USPHS**
 - ▣ 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

Maternal Morbidity and Mortality Recommendations Report

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



Focus for Day 1

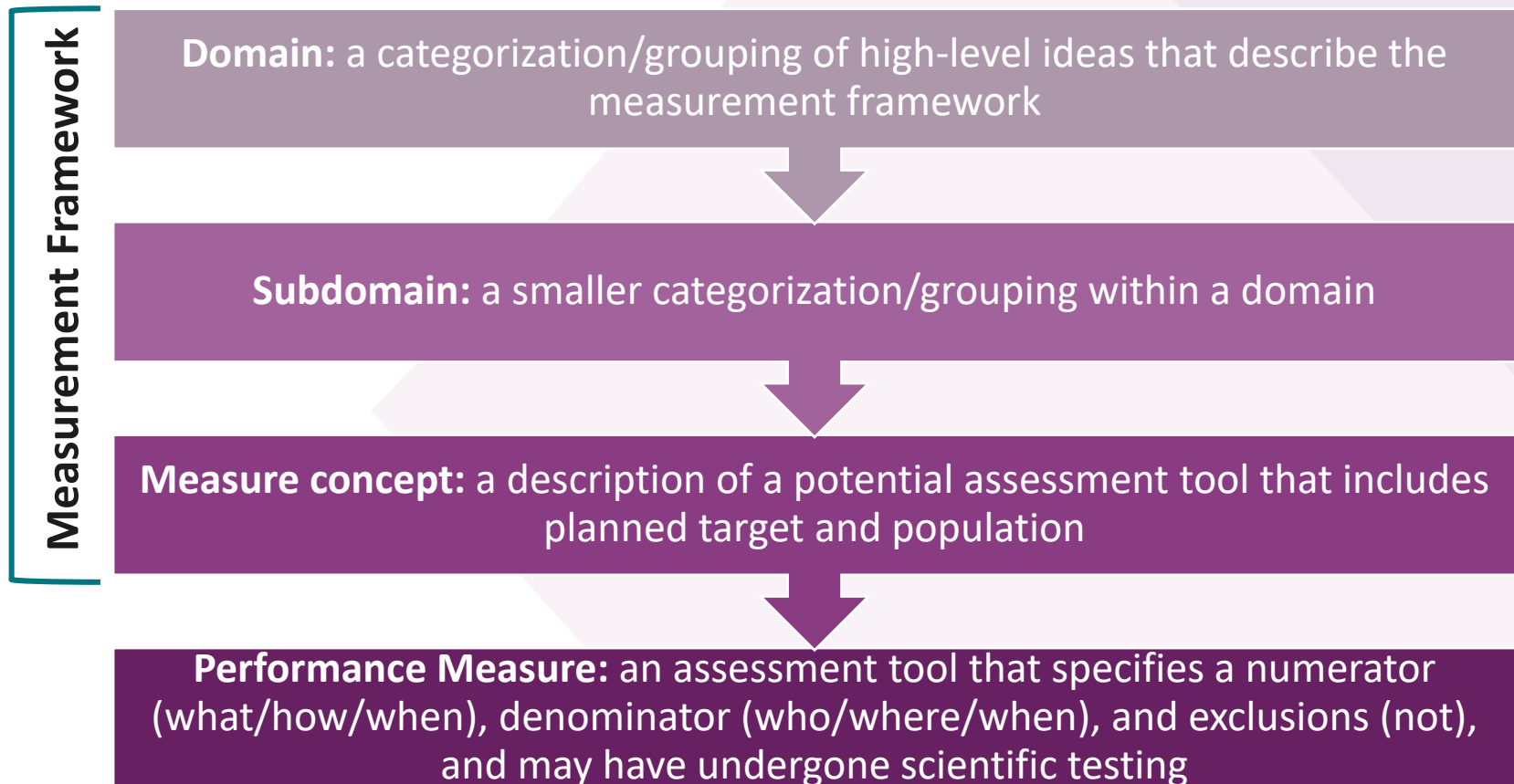
- Finalize Measurement Frameworks
 - ▣ Review each of the frameworks – structure and visual
 - ▣ Discuss the framework subdomains and definitions
 - » Finalize the list of subdomains
 - » Come to consensus on the definitions for each subdomain

- Explore and Identify measurement approaches for morbidity and mortality
 - ▣ Engage in a brainstorm of ideas for measurement approaches for each domain of the morbidity and mortality framework

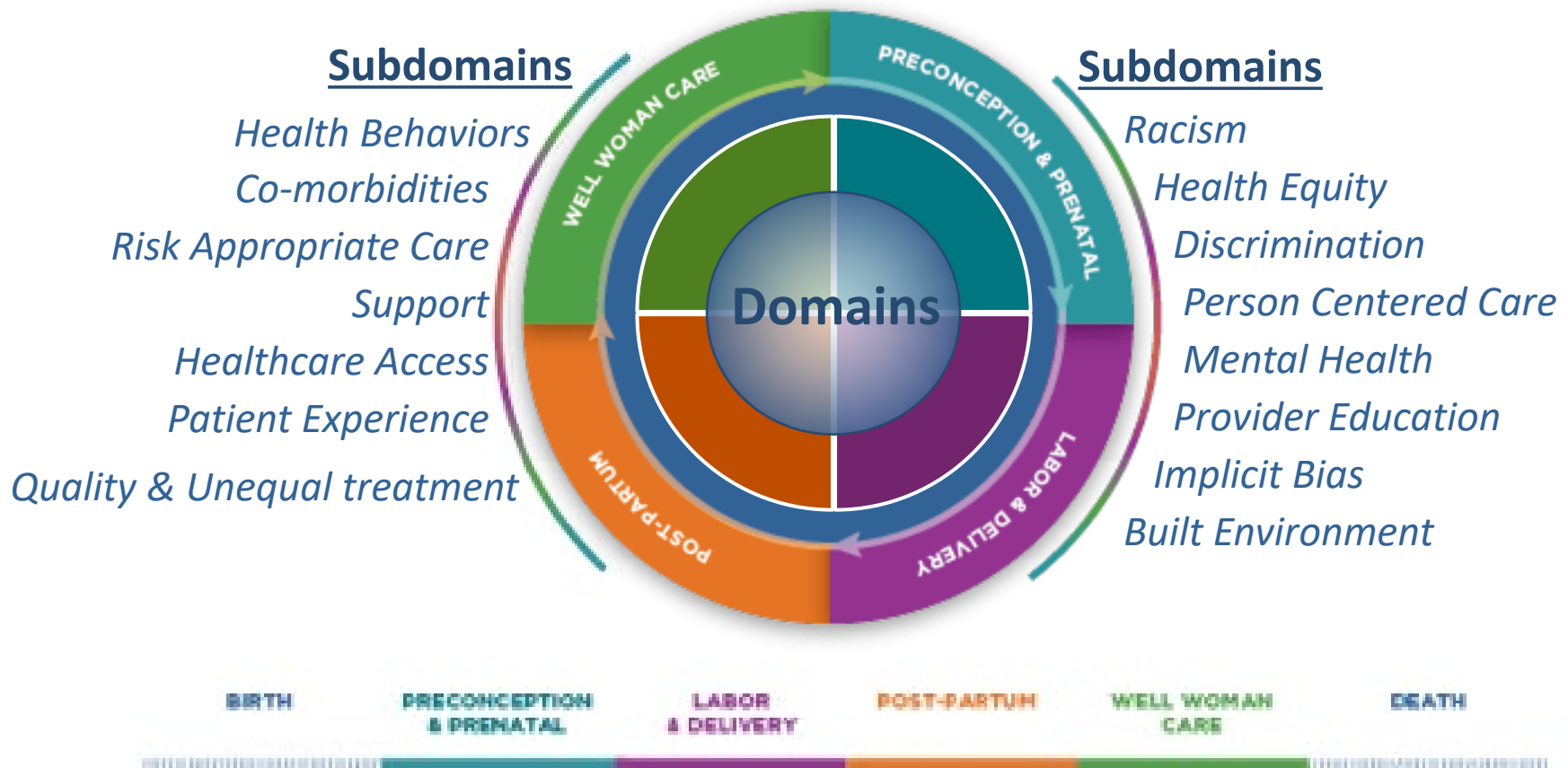
Measurement Frameworks Review



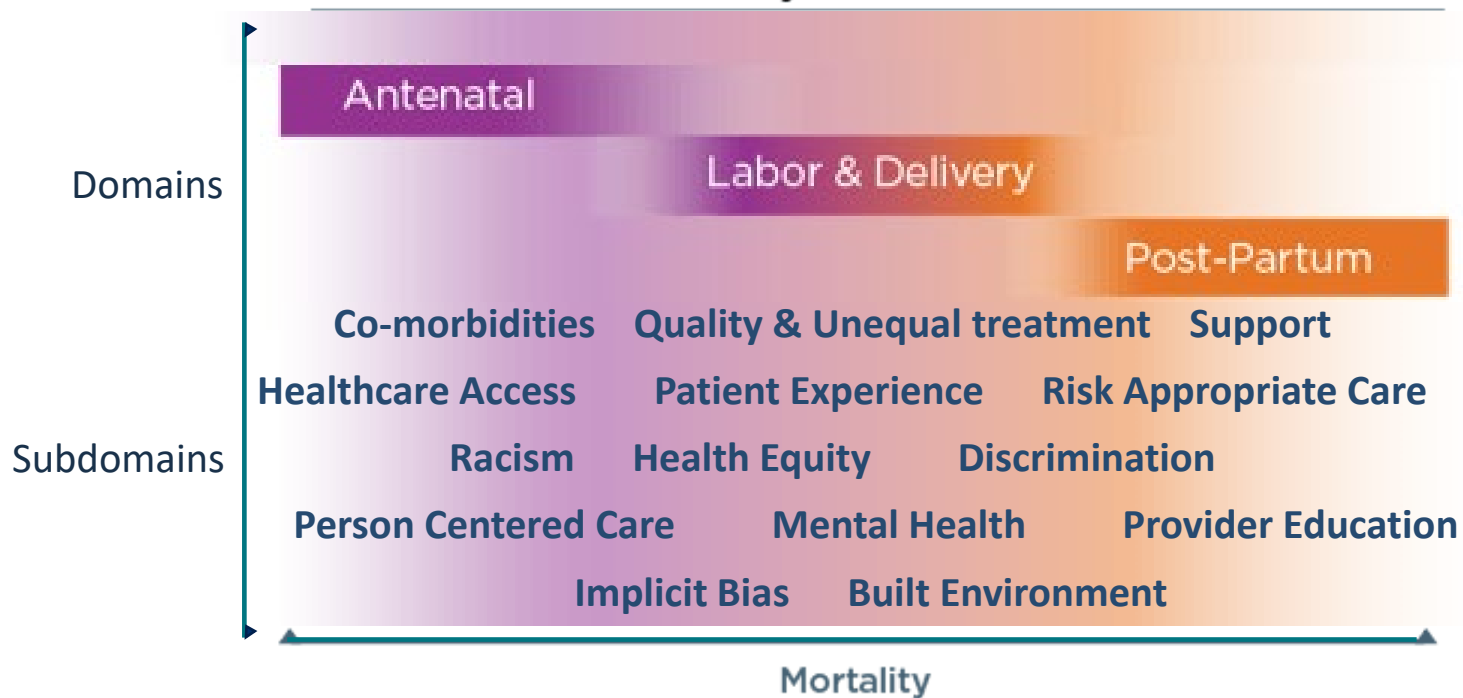
Structure for Frameworks



Maternal Morbidity Measurement Framework



Maternal Mortality Measurement Framework



Subdomain Definitions

Framework Subdomain	Definition
Racism	refers to attitudes, beliefs, or world ideologies that cause avoidable and unfair inequalities in power, resources, capacities, and opportunities across racial or ethnic groups.
Health Equity	refers to a fair opportunity for individuals to attain their full health potential and that no one should be disadvantaged from achieving this potential.
Discrimination	refers to the classification of people into groups that further feeds into the uneven distribution of power, privilege, and superiority within a society.
Person Centered Care	Refers to provision of care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions
Patient Experience	refers to the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities
Built Environment	refers to the physical spaces and other infrastructures where people live, work, and play and has a direct or indirect influence on behaviors and transmission of disease
Mental Health	refers to mental illnesses, or disorders that affect one's mood, thinking, or behaviors, can arise during pregnancy and/or following childbirth
Provider Education	refers to the gap in education on cultural competency, principles of antiracist care, implicit bias, addressing the needs of the lesbian, gay, bisexual, transgender, and queer or questioning community, and postpartum mood disorders including PTSD
Implicit Bias	refers to the unknowing influence and contribution to healthcare disparities through one's own cultural stereotypes about individuals, which can lead to unintended biases in decision making
Healthcare Access	refers to care that is affordable, accessible, available, and acceptable
Quality & Unequal treatment	refers to strategies for addressing racial and ethnic disparities
Health Behaviors	refers to actions taken to maintain, attain and regain good health and to prevent illness
Co-Morbidities	refers to the simultaneous presence of two or more chronic diseases or conditions in a patient
Risk Appropriate Care	refers to providing care according to the level of risk for adverse outcomes (e.g., ACOG levels of maternal care)
Support	refers to resources that help throughout the maternal experience (e.g., community, financial)

Subdomain Definitions

- **Racism** - refers to attitudes, beliefs, or world ideologies that cause avoidable and unfair inequalities in power, resources, capacities, and opportunities across racial or ethnic groups.
- **Health Equity** - refers to a fair opportunity for individuals to attain their full health potential and that no one should be disadvantaged from achieving this potential.
- **Discrimination** - refers to the classification of people into groups that further feeds into the uneven distribution of power, privilege, and superiority within a society.
- **Implicit Bias** - refers to the unknowing influence and contribution to healthcare disparities through one's own cultural stereotypes about individuals, which can lead to unintended biases in decision making
- **Built Environment** - refers to the physical spaces and other infrastructures where people live, work, and play and has a direct or indirect influence on behaviors and transmission of disease



Subdomain Definitions

- **Health Behaviors** - *refers to actions taken to maintain, attain and regain good health and to prevent illness*
- **Co-Morbidities** - *refers to the simultaneous presence of two or more chronic diseases or conditions in a patient*
- **Provider Education** - *refers to the gap in education on cultural competency, principles of antiracist care, implicit bias, addressing the needs of the lesbian, gay, bisexual, transgender, and queer or questioning community, and postpartum mood disorders including PTSD*

Subdomain Definitions

- ***Risk Appropriate Care*** - refers to providing care according to the level of risk for adverse outcomes (e.g., ACOG levels of maternal care)
- ***Healthcare Access*** - refers to care that is affordable, accessible, available, and acceptable
- ***Quality & Unequal Treatment*** - refers to strategies for addressing racial and ethnic disparities

Subdomain Definitions

- **Support** - *refers to resources that help throughout the maternal experience (e.g., community, financial)*
- **Patient Experience** - *refers to the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities*
- **Person Centered Care** - *Refers to provision of care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions*
- **Mental Health** - *refers to mental illnesses, or disorders that affect one's mood, thinking, or behaviors, can arise during pregnancy and/or following childbirth*



Subdomain Feedback

- *Overall, very positive feedback to keep all proposed subdomains*
- *Two subdomains with <80% support*
 - ▣ *Discrimination (79%)*
 - ▣ *Implicit Bias (72%)*

Original Subdomains

- *Racism*
- *Health Equity*
- *Discrimination*
- *Person Centered Care*
- *Patient Experience*
- *Built Environment*
- *Mental Health*
- *Provider Education*
- *Implicit Bias*
- *Healthcare Access*
- *Quality & Unequal treatment*
- *Health Behaviors*
- *Co-Morbidities*
- *Risk Appropriate Care*
- *Support*



Proposed Subdomain Updates

- *Health Behaviors*
- *Co-morbidities*
- *Risk Appropriate Care*
- *Support*
- ***Quality Care*** (*Quality & Unequal Treatment*)
- ***Racism & Unequal treatment***
- ***Health Equity & Access*** (*Health Equity & Healthcare Access*)
- ***Person Centered Care & Experience*** (*Person Centered Care & Pt. Experience*)
- *Mental Health*
- ***Implicit Bias & Education*** (*Provider Education & Implicit Bias*)
- ***Physical & Built Environment*** (*Built Environment*)
- *Discrimination*

Maternal Morbidity and Mortality Measurement Approaches

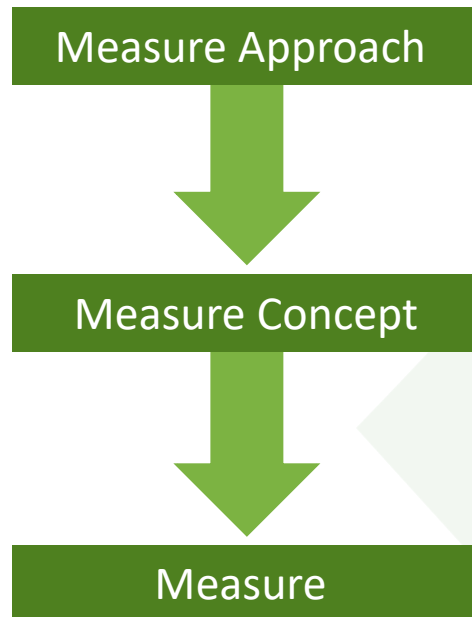


Requirements for Recommendations Report

- 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



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)

Examples

Measurement Approach	Measurement Concept	Rationale
Assess when team-based approaches are initiated during clinical maternal encounters	Presence of a protocol for escalation of a diagnostic approach (e.g. second-opinions) for patients with continued undiagnosed symptoms during maternal care	Using a team-based approach to diagnosis, including second-opinions, expert consultants, and more expansive testing will help reduce likelihood of a single clinician's biases closing off potential pathways and/or dismissing patient concerns or perspectives
Assess patient experience with providers during maternal encounters	Patient-reported satisfaction tool/survey	Gathering information directly from the patient may help with understanding the patient experience during maternal care

Measurement Approaches

Morbidity Framework	
Domains	Measurement Approaches
Preconception & Prenatal	
Labor & Delivery	
Post-Partum	
Well Woman Care	

Measurement Approaches

Mortality Framework	
Domains	Measurement Approaches
Antenatal	
Labor & Delivery	
Post Partum	

Opportunity for Public Comment

Next Steps



Next Steps – Committee Workgroups

- Committee members and federal liaisons will be divided among 4 workgroups to allow for a deeper dive on measurement approaches.
- Each workgroup will be assigned a list of subdomains from the morbidity and mortality framework
- Each workgroup will have 8 – 9 members and a workgroup lead will be assigned
- Nov. 30 – Dec. 11
 - ▣ Workgroups are expected to meet for 2, 1-hour meetings
- NQF Staff role:
 - ▣ Staff will poll committee for dates and schedule workgroup meetings
 - ▣ Staff will attend all workgroup meetings to answer questions

Next Steps – 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"> • Racism • Health Equity • Discrimination • Implicit Bias • Built Environment 	<u>subdomains:</u> <ul style="list-style-type: none"> • Health Behaviors • Co-morbidities • Provider Education 	<u>subdomains:</u> <ul style="list-style-type: none"> • Risk Appropriate Care • Healthcare Access • Quality & Unequal treatment 	<u>subdomains:</u> <ul style="list-style-type: none"> • Support • Patient Experience • Person Centered Care • Mental Health
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"> • Racism • Health Equity • Discrimination • Implicit Bias • Built Environment 	<u>subdomains:</u> <ul style="list-style-type: none"> • Health Behaviors • Co-morbidities • Provider Education 	<u>subdomains:</u> <ul style="list-style-type: none"> • Risk Appropriate Care • Healthcare Access • Quality & Unequal treatment 	<u>subdomains:</u> <ul style="list-style-type: none"> • Support • Patient Experience • Person Centered Care • Mental Health
Labor & Delivery				
Post-Partum				



Next Steps

- We will be sending out a NeedToMeet asking for small group availability after this meeting and will need your response by 11/20
 - ▣ Will be requesting two 1-hour time slots
- We will reconvene on **Monday, November 16 at 2:00 – 4:00 pm ET**
 - ▣ Continue discussion of Measurement Approaches
 - ▣ Identify and discuss mortality measure concept
 - ▣ Next steps for the recommendations

Adjourn

THANK YOU.

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Day 2

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



Agenda Day 2

- Welcome and Opening Remarks
- Meeting Objectives
- Roll Call
- Maternal Morbidity and Mortality Measurement Approaches
- Maternal Mortality Measurement Concept
- Opportunity for Public Comment
- Next Steps



Meeting Day 2 Objectives

- **Complete identification of measurement approaches**
- **Identify and Discuss** mortality measure concept
 - ▣ Share the list of mortality measure concepts from the environmental scan as a starting point
 - ▣ Decide on a specific measure concept for further exploration
 - ▣ Discuss how a measure can be used nationally, across disparate state systems
 - ▣ Include proposed clinical and social-risk adjustment plan for comparisons

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 - ▣ Centers for Medicare & Medicaid Services

Maternal Morbidity and Mortality Measurement Approaches



Recap of Day 1

- Highlights from discussion of Day 1
 - ▣ Components of Framework
 - ▣ Measurement Approaches



Committee Discussion

- Additional Measurement Approaches

Maternal Mortality Measurement Concept

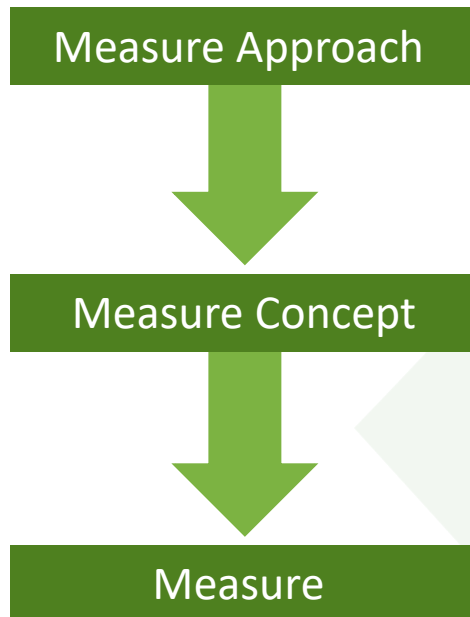


Requirements for Recommendations Report

- 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



Key Measurement Terms



- An overarching theme for measurement that highlights the outcome or what is meant to be achieved
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Measure Concept vs. Measure Example *Blood Pressure Control*

Measure Concept Example	Measure Specifications	Blood Pressure Control Measure
Percentage of patients with controlled blood pressure (e.g., blood pressure reading under a certain threshold)	Description	Percentage of patients with adequate blood pressure control of $\leq 140/90$ mm Hg
	Numerator	Patients with adequate blood pressure control of $\leq 140/90$ mm Hg during the 12-month period
	Denominator	Adult patients aged 18 years and older who had at least 2 visits in the 12-month period
	Exclusions	None
	Stratification	<ul style="list-style-type: none"> Comorbidities: diabetes, CAD, HF, and/or kidney disease Social risk factors: limited access to pharmacies, food insecurity
	Data Source(s)	EHRs
	Level of Analysis	Clinician level
	Setting	Ambulatory care



Committee Survey Feedback

- *Overall, positive feedback for both feasible mortality and morbidity measure concepts in the proposed subdomains*
- *Two subdomains with ≤ 10 positive votes*
 - ▣ *Health Behaviors*
 - ▣ *Implicit Bias*

Maternal Mortality Measure Concepts & Domains

Measure Concepts (Identified in Escan)
Maternal near miss: mortality ratio
Case fatality rate
Case fatality rate – all complications
Institutional maternal mortality ratio (per 100,000 deliveries)
Intra hospital mortality index

Examples from the Environmental Scan

Maternal Mortality Measurement

Domains

Labor &
Delivery, Postpartum



Measure Concept

Case fatality rate –
all complications



Examples from the Environmental Scan

Maternal Mortality Measurement

Domains

Labor &
Delivery, Postpartum



Measure Concept

Maternal near miss:
mortality ratio

Examples from the Environmental Scan

Maternal Mortality Measurement

Domains

Labor &
Delivery, Postpartum



Measure Concept

Intra hospital
mortality index

Examples from the Environmental Scan

Maternal Mortality Measurement

Domains

Labor &
Delivery, Postpartum



Measure Concept

Institutional
maternal mortality
ratio (per 100,000
deliveries)

Examples from the Environmental Scan

Maternal Morbidity Measurement

Domain

Preconception &
Prenatal



Measure Concept

Proportion of
women who receive
antenatal
assessments by 13
weeks of pregnancy



Discussion Questions

- Are there others to consider?
- What are the top 3 mortality measure concepts that should be brought forward?
- Additional considerations for the mortality measure concept
 - ▣ Requirements – risk adjustment, disparate populations (national level), other development considerations

Opportunity for Public Comment

Next Steps



Next Steps – Committee Workgroups

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Labor & Delivery				
Post-Partum				
Well Woman Care				

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Labor & Delivery				
Post-Partum				



Workgroup Instructions

- View instructions and materials on sharepoint
- Each group will receive worksheet for measurement approaches

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 7:	Leader reports out worksheet summary Finalize frameworks and report	January 26, 2021
Web Meeting 8:	Post-Comment Call and Project Wrap Up	May 26, 2021

THANK YOU.

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