



### Maternal Morbidity and Mortality Committee Web Meeting #1

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The National Quality Forum (NQF) convened a public web meeting for the Maternal Morbidity and Mortality Committee on January 28, 2020.

#### Welcome, Introductions, and Review of Web Meeting Objectives

Nicole Williams, NQF Director, welcomed participants to the web meeting and introduced the NQF project team, project consultant, and Committee co-chairs. The Committee co-chairs (Dr. Elizabeth Howell, Lekisha Daniel-Robinson, and Timoria McQueen Saba) each provided a brief introduction to their background. Ms. Williams then provided the committee with an overview of the call agenda and meeting objectives. Roll was taken for Committee members and members were asked to introduce themselves and disclose any potential conflicts of interest that might be related to the project. No Committee members had any conflicts at this time.

#### Overview of NQF and Project Roles & Timelines

NQF Senior Project Manager Suzanne Theberge provided the Committee with background information on NQF as a whole, including its history and mission, and described the types of projects NQF is engaged in as an organization. Ms. Theberge also explained the Committee's role on this project and the specific role of the co-chairs and NQF staff. Next, Tamara Funk, NQF Project Manager, took the Committee through the project timeline of major deliverables and upcoming web meetings. She then introduced the Committee to the goals of the environmental scan.

#### Introduction to Environmental Scan & Committee Discussion

Ms. Williams began the environmental scan discussion by taking the Committee through the draft outline the NQF team had assembled. Committee members posed some initial questions about the purpose of including a review of standard processes for maternal care delivery, and about the role of policy in the scan. NQF noted that standard processes will demonstrate how the work is currently being conducted in hospital systems and that policy solutions can be discussed.

A Committee member asked why race and implicit bias are not specifically named in the outline and stressed that anything that is not explicitly stated can get brushed under the table. This member stated that it seems that it would be the responsibility of this Committee to make sure race and implicit bias is visually present and clearly stated. Many Committee members supported this sentiment and added supporting comments. One member noted that California has implemented mandatory implicit bias training, and that this type of legislation is becoming increasingly common around the country. Another reinforced that California is also stratifying every maternal health measure by race and ethnicity in order to better unpack this issue.

NQF confirmed that this project will be considering race, ethnicity, and geography, as well as any other relevant socio-demographic status factors that emerge, and that it will rely on the Committee to ensure these issues are included in the appropriate sections.

Other issues raised by the Committee for further discussion in the future included respectful maternity care, birth trauma, survivor perspectives, mental health, and quality of clinical care. The Committee asked if there are ways to measure respectful care and other topics around care, in addition to measuring health outcomes related to being injured or dying. The Committee noted that measuring later health issues in the life of a survivor should also be examined, since someone who survives a severe morbidity or traumatic birth event may later be subject to post-traumatic stress disorder and other long-term post-trauma concerns. The Committee felt it would be important to list diagnoses that cannot currently be measured on a population level to show what the Committee has considered as they focus the framework down to outcomes that are measurable on a population level. Another Committee member noted that pending legislation often poses measurement methodologies that could be useful during deliberation.

Concerning measurement, the Committee referenced the “SMM 21”, the Centers for Disease Control and Prevention’s (CDC) list of 21 ICD-10 codes associated with severe maternal morbidity, and asked what is missing in this list, and what other items should be considered for measurement. Committee members specifically called out a need to focus on process measures as there is a need to measure how patients are cared for in addition to focusing on specific outcomes. A Committee member highlighted the existence of national patient safety bundles put out by the Council on Patient Safety in Women’s Health Care but questioned how often these are actually adhered to.

The Committee also recommended researching international work in this area to provide some guidance, such as research by the National Health Service in the United Kingdom on how to implement and measure indicators around healthy and respectful care.

Finally, the Committee discussed looking at SMM as a time-bound concept versus from a lifecourse perspective; they noted that thinking about SMM on a continuum as part of the overall health of women is a different construct. This approach could be out of scope for this project but should be considered. The Committee also mentioned the need for standardization of both measures and the process for collecting data and reporting on them, which will help encourage interaction between hospital, community, and insurer.

## **SharePoint Tutorial**

Hannah Inger, NQF Project Analyst, explained NQF’s SharePoint system to the Committee and detailed the various ways Committee members can get in contact with NQF and project staff.

## **Public Comment**

Ms. Williams opened the web meeting to allow for public comment. No public comments were offered.

## **Next Steps**

Ms. Ingber summarized next steps to close out the call. NQF will post a recording and transcript of the meeting on the project page, accompanied by a meeting summary. The next web meeting will take place on February 24, 2020. Meeting materials will be shared in advance of that meeting.