NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Maternal Morbidity and Mortality Committee Web Meeting #2

The National Quality Forum (NQF) convened a public web meeting for the Maternal Morbidity and Mortality Committee on February 24, 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 provided a brief introduction to the call. Ms. Williams then provided the Committee within an overview of the call agenda and meeting objectives. Roll was taken for Committee members and members who were not present for the orientation call disclosed any potential conflicts of interest that might be related to the project. No Committee members had any conflicts at this time.

Ms. Williams then provided the Committee with background information on NQF as a whole, including its history and mission, and described the relationship to this project.

Environmental Scan

Ms. Williams began the environmental scan discussion by highlighting the revisions included to the outline based on the Committee's previous discussion during the orientation call. The revisions primarily included adding the consideration of race, ethnicity, and geography within specific subsections of the scan outline (data on prevalence/incidence and influencing factors). Ms. Williams reiterated that the NQF team will rely on the Committee to ensure these issues are fully examined. The Committee wanted to know if the scan would look at other influencing factors such as education but cautioned against the false association between race/ethnicity and education data.

The Committee also discussed the scope of morbidity for this project, and stressed that topics about mental health, respectful care, and cost impacts should be considered. In response to additional questions, NQF also clarified that the scan will look at morbidity throughout pregnancy, not just post-partum care.

Standards of Maternal Care

Ms. Williams opened the conversation around standards of maternal care, explaining that the goal for this section was to identify common processes of maternal care and gaps within those processes where patients could be more vulnerable to adverse outcomes. The NQF staff highlighted a few discussion questions for the Committee to help guide the conversation.

The Committee noted that across the nation there is varying awareness of standardized maternal care delivery and recommended beginning the scan by examining the standards of maternal care practiced at the state level as they differ. It was mentioned that some states have more robust and well-defined standards and could provide examples of 'best practices.'

One Committee member suggested including more qualifiers around standards of care, suggesting a closer look at other patient populations or conditions. Specifically, best practices for infant care and

perinatal guidelines and the toolkits used for someone experiencing a hemorrhage were referenced. Organizing standards of care across the continuum of care was recommended as it is necessary to understand what is happening in the out-patient environment, community health care, and social services care. The Committee discussed the connections between obstetric and postpartum care and prioritizing mental health services/psychiatry. The Committee mentioned that current maternal care measurement focuses on the number and timing of maternal and postpartum visits, but it is also important to know what is happening inside the birth facility and at the bedside.

Measuring adherence to current protocols was also discussed, as the Committee noted that the Joint Commission currently looks at which protocols are in place at a facility, but it does not necessarily measure how often these protocols are implemented consistently. The Committee suggested exploring the reasons for non-adherence to protocols to help determine if it is an issue of resources or something else. In addition, while there is agreement within the maternal field on the importance of examining care before and after the hospital visit, it is equally recognized that it is very difficult to collect consistent data outside of the hospital setting. Some existing data sources mentioned by the Committee were patient experience surveys, such as CAHPS (Consumer Assessment of Healthcare Providers & Systems) and PRAMS (Pregnancy Risk Assessment Monitoring System) data. With that in mind the Committee also noted the need to identify new data sources across the care coordination continuum, representing inpatient and outpatient and varied delivery settings (birth centers, clinics, homes).

The Patient Safety Bundles for measurement were also discussed briefly by the Committee. They noted that these bundles are helpful for measurement, however, the collection of data on influencing factors, such as implicit bias and racism, does not happen consistently across facilities. This discussion led to a deeper conversation about gaps in provider education, specifically on cultural competency, anti-racism, implicit bias, addressing the needs of the LGBTQ community, and postpartum mood disorders. The Committee discussed the need for more laws and policies requiring such education and training and standardization of training requirements to help guide providers. Related to sourcing new data options, the Committee also discussed a need to reexamine the way maternal care and patient complaints are recorded. While electronic health records (EHRs) have made record-keeping more efficient, the Committee mentioned that using this technology leads to a loss of the patient's narrative of what is really happening. The connection between a patient's chief complaint and what actually happened in a visit can be hard to decipher and pull from an electronic record.

Lastly, the Committee discussed how to leverage the claims payment process to help monitor adherence to protocols and to encourage payors to bring forward innovative recommendations of new measurement tools that should be developed in relation to the claims process.

Definitions of Maternal Morbidity and Mortality

Ms. Williams began this discussion by summarizing the results of a survey on maternal morbidity and mortality definitions to which the Committee responded via email. The results of the survey showed that the Committee agreed with defining maternal morbidity as a whole, not just severe maternal morbidity. However, the Committee also expressed some concern with the broadness of defining maternal morbidity and suggested trying to narrow it or place some parameters. For example, while severe maternal morbidity has some commonly accepted categories, it is also important to ask birthing women what is severe to them before making determinations.

The temporality of morbidity was also raised in discussion, and the Committee asked how to think about short-term versus long-term morbidity impacts. The Committee pointed out that while a number of morbid and co-morbid conditions are not typically associated with severe maternal morbidity, such as

hypertension, in some cases pregnancy could be a contributing factor to the onset of a condition. It is critical to think through how to approach the continuum of related morbidity.

Regarding whether to focus on pregnancy-related maternal mortality, pregnancy-associated maternal mortality, or both, the Committee agreed it was important to focus on both. They stressed the importance of looking at opioids and substance use, suicide, and homicide as contributors to pregnancy associated mortality. NQF will proceed by looking at both at the current point in time.

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 May 27, 2020. Meeting materials will be shared in advance of that meeting.