NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Maternal Morbidity and Mortality Committee Web Meeting #3

The National Quality Forum (NQF) convened a public web meeting for the Maternal Morbidity and Mortality Committee on May 27, 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.

Tamara Funk, NQF Project Manager, provided the Committee with an overview of the project work to date. The Committee was given the opportunity to review a draft of the environmental scan, sent via email, a month earlier. These initial comments were incorporated into the next version of the draft, which was again shared with the Committee prior to the call. The current version contained both new and expanded sections for the Committee to review. The purpose of this web meeting was to obtain the Committee's feedback on several specific sections of the current scan.

Discussion of Environmental Scan Sections

Overarching Influencing Factors for Maternal Morbidity and Mortality

In previous discussions, the Committee had expressed that the scan should include more information on non-clinical influencing factors related to maternal morbidity and mortality, such as racism, implicit bias, mental health, and social determinants of health. The most recent draft included edits to place these influencing factors earlier within the document, in order to emphasize their importance as contributors to maternal health outcomes. The Committee noted that these influencing factors are intertwined with the clinical risk factors and should be viewed collectively as influencers. The Committee called for additional changes, including bolder statements about institutional racism, discrimination and residential segregation and their impacts on health outcomes. Many members felt that the word 'race' should be replaced with the word 'racism' throughout the document in order to clarify that racism is the risk factor for negative outcomes and race is a social construct and should not be viewed as risk factor. The Committee also discussed adding language barriers as an influencing factor, including lack of access to interpreters, and viewed this to be an issue that has impact at multiple levels: provider, facility, and patient. The discussion concluded with the agreement that all of these influencing factors are elements of implicit bias, which should also be improved upon in the document.

Morbidity & Mortality Medical Risk Factors

The Committee proposed several edits to the section on maternal morbidity and mortality medical risk factors. First, the document must clarify that medical and non-medical risk factors are related, but not conflate the two. The document must illustrate how non-medical risk factors can impact and exacerbate many clinical indicators of various types of maternal morbidities. The Committee discussed that stratifying medical risk factors by race/ethnicity would also improve the document as research has

continuously shown that differential outcomes are due to differences in the quality of care provided, and not to biological differences between patients. For example, one Committee member stated that standardizing care for obstetric hemorrhage through care bundles has reduced the disparities between black and white patients, indicating that quality of care was a contributing factor to the difference in outcomes. The Committee also discussed the need to include additional information concerning mental health medical risk factors and outcomes. Committee members recommend the document expand upon issues such as depression, Post Traumatic Stress Disorder (PTSD), suicide, and overdose. Discussion of these issues should reflect multiple stages of pregnancy and not only the postpartum period.

Outcomes Assessment

The outcomes assessment section is divided into four levels of care that impact outcomes: patient, provider, hospital, and system. The Committee discussed a few needed additions to this section.

Regarding patient outcomes, the Committee agreed that inclusion of substance use disorder diagnoses and perinatal mental health issues was critical. In the provider section, the Committee agreed that access to trainings on implicit bias and other educational resources that improve community or cultural literacy for providers play a significant role in the quality of care provided and outcomes experienced. It was noted that these types of trainings and resources should not be limited to physicians, and that all members of the care team, including nurses, case managers, midwives, and others would benefit.

In the hospital section, the Committee encouraged additional focus on the differences in resources available between hospitals in different settings. For example, public hospitals often have far fewer resources than larger academic medical centers, certain urban hospitals may exhibit different outcomes than others that are unrelated to level of care or volume, and many rural hospitals may have entirely different insufficiencies than urban hospitals, etc. These differences can have significant impacts on outcomes.

From a systems level perspective, the Committee recommended exploring a few additional issues, such as workforce concerns related to continuity of insurance coverage and lack of universally available maternal benefits. The Committee also noted the importance of discussing the interface of these issues with the public health sector – how these all interact, and what public health is doing to try to connect the various components of maternal care.

AIM Bundles

This discussion centered around categorizing the AIM patient safety bundles properly. A Committee member who is a lead on the AIM initiative clarified that the AIM bundles are meant to be quality improvement tools for internal reporting. This is partly due to the fact that process measures involved in the tools are difficult to collect, and partly due to their design, which addresses hospital-level failures. The designs of the bundles lend themselves to measurement initiatives, but it is important to recognize that they were not developed for national-level reporting purposes.

Environmental Scan Findings

Existing Measures

One Committee member commented that measures of preconception health beyond contraceptive care are important to include. Preconception measures should include general measures of women's health, such as blood pressure control, diabetes prevention, mental health, etc. The current focus on preconception measures as measures of contraceptives is far too narrow.

Measure concepts and gaps

The Committee discussed a number of gaps in maternal morbidity and mortality measurement. These include measures of residential segregation, measures of racism and implicit bias, measures of mental health issues during and after pregnancy, and an increase in the development and use of outcome measures.

Public Comment

Hannah Ingber, NQF Project Analyst, opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

The Committee will continue to provide written feedback on the environmental scan to help NQF staff complete Draft #1. This draft will be delivered to CMS by June 8, 2020. Public comment will run from July 31 – August 20.

At the next web meeting, which will take place on June 25, 2020, the Committee will begin discussion of the draft measurement framework and recommendations report.