NATIONAL QUALITY FORUM
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Meeting Summary

Maternal Morbidity and Mortality Committee Web Meeting #6

The National Quality Forum (NQF) convened a public web meeting for the Maternal Morbidity and Mortality Committee on November 13 and 16, 2020.

Welcome, Introductions, and Review of Web Meeting Objectives

Nicole Williams, NQF Director, welcomed participants to the web meeting, thanked them for joining in the work, and provided the Committee with an overview of the call agenda and meeting objectives. Roll was taken for Committee members.

Maternal Morbidity and Mortality Recommendations Report

Ms. Williams reminded the Committee that the frameworks they have been discussing are important parts of the wider recommendations report. The report will detail the two separate frameworks for morbidity and mortality and outline recommendations for actionable approaches to improve maternal morbidity and mortality (MMM) measurement across various healthcare settings and systems. Those recommendations will be identified as long-term or short-term to provide for reduction of adverse maternal events. Finally, the report will provide an actionable approach for maternal mortality measurement.

Measurement Frameworks Review

In order to continue finalizing the framework, the subdomains were specifically reviewed during the call. The intention was to come to consensus on the subdomain definitions and create a final list of subdomains. Prior to the call, the Committee had been presented with the morbidity and mortality frameworks in the form of a survey and their feedback on the subdomains and definitions were specifically requested. The Committee was also asked for their opinions on combining or renaming any subdomains. Ms. Williams reminded the Committee that the new list of subdomains was a combination of the influencing factors and subdomains from the earlier versions of the frameworks.

The Committee offered a number of suggestions and clarifications on the definitions of the subdomains, which will be incorporated into future iterations of this work (e.g., changing the term mental illness to mental disorders within the mental health definition). The Committee also offered suggestions for reconfiguring the subdomains. Quality care and unequal treatment should be separate so that future measures can adequately address these disparate issues with different needs. Racism was designated as its own distinct subdomain. Health equity and Access were separated as subdomains. The subdomain of built environment was suggested to be changed to become lived environment, in keeping with the most current research and definitions in the field. Provider education was further described as gaps in provider education in order to highlight the focus on gaps for measurement. The Committee noted that considerations for socioeconomic status, such as insurance status or income were not currently represented in the subdomains, however, it was proposed that the lived environment subdomain could be a good fit. Other social determinants of health, such as health literacy and language were also recognized as missing components, yet the Committee also agreed these could be incorporated into

existing subdomains Finally, the Committee offered some suggested changes to the domain names as well. Preconception and well-woman care will be combined, and prenatal care will stand alone in the Morbidity framework. This will help developers define measures for care pathways and interventions typical for those care stages that line up.

Maternal Morbidity and Mortality Measurement Approaches

This portion of the meeting was used to explore and brainstorm measurement approaches for maternal morbidity and mortality. In order to precipitate discussion, Ms. Williams reviewed the NQF definitions of measurement approaches and measurement concepts. A measurement approach is an overarching theme for measurement that represents or highlights the outcomes or what is meant to be achieved through that approach. A measurement concept is more specific, including a description of what the measure could be and a target population for the measure. A measure is a fully developed metric that includes detailed specifications and may have undergone significant testing and validation. This portion of the meeting was focused on measurement approaches in order to best identify key gaps in measurement and what will push the field forward, thinking beyond current areas of measurement and feasibility to achieve better outcomes in maternal care. Because the framework domains and subdomains are comprehensive, each measurement approach is meant to fit within the appropriate frameworks by domain and be associated with one or more subdomains as well.

Morbidity

The Committee felt it was important to have measurement approaches focused on patient experience and family reported outcomes in all domains in order to track experience across the continuum. However, many of these measures currently only use surveys and quantitative methods to gather this data. The Committee discussed the use of qualitative data from focus groups, individual interviews, or narratives to help gather the relevant information for this approach. It was noted that this can help bridge the gap between researchers, patients, and families. One Committee member raised that the women's preventative service initiative addresses well-woman recommendations in a detailed way and should be looked to for measurement approaches. Other topic areas for exploration were the impact of substance use and abuse, access to medicines and care, unequal treatment once care is accessed, pain management, and care coordination. These initial measurement approaches will be further defined by the Committee during a series of workgroups and the final approaches will be shared in the recommendations report.

Mortality

Specific to mortality, the measurement approach of family reported experience was mentioned again as an important component to improving quality after a severe maternal experience or death. Measurement approaches focused on suicide and substance use were noted as gaps and further development was needed. Committee members also felt that Maternal Mortality Review Committee (MMRC) reports are good tools for gathering data and identifying important areas that could be included within the measurement approaches. Many MMRC reports focus on preventability and so good measurement approaches can be identified in these reports but these also are not standardized. One Committee member mentioned the idea of a root cause analysis as an opportunity to explore gaps and bring focus to preventability of mortality. Root cause analyses often used by healthcare facilities as an opportunity to improve quality and future outcomes.

The Committee cautioned that maternal mortality occurs across facility types and should not only be considered for hospitals. Because maternal mortality is a relatively rare event, denominators for institutions or even small states can present measurement issues. Measurement approaches for

maternal mortality will need to focus on larger levels of analysis in order to render potential meaningful measures. NQF reiterated that the specific approaches that the Committee recommends will be detailed further within the workgroups and within the final recommendations report.

Maternal Mortality Measurement Concept

The Committee examined a few examples of maternal mortality measurement concepts identified by the environmental scan. First, the case fatality rate for all complications was supported by the Committee, but again will need a large denominator to prove effective (i.e. at a state or regional level) due to the small number of maternal mortalities.

The maternal near miss: mortality ratio was another concept presented for discussion and supported in order to capture cases that may not otherwise be caught but will have attribution issues due to the possibility of patient transports between facilities and denominator issues. If this were a regional measure, attribution could be spread adequately and may improve communication and referral lines and maternal levels of care. The Committee mentioned that this type of measure would be a challenge to implement on an institutional level and should be risk adjusted to account for the issues noted, however, it could also be a potential way to further define failure to rescue. The Committee cautioned that this measure would have to be balanced with other measures, such as unexpected complications in term newborns, in order to avoid incentivizing harmful care. It will also have to be risk stratified or adjusted for certain circumstances. For example, an examination of preeclampsia should include only term mothers, or an examination of hemorrhage should exclude accrete spectrum cases. It cannot simply be a crude ratio without adjustment.

The Committee was not in support of the use of an intrahospital mortality index due to the potential reduction of denominator. Currently, a third of deaths occur at the time of delivery, therefore the Committee agreed this would not be a useful measure for reducing maternal mortality. One Committee member raised that measures for the other two thirds of death (i.e. outside of the hospital) are important and should be considered for measure concepts and further develop. There are other dimensions of maternal complications that were discussed by the committee. An example from California's mortality review was referenced which found five deaths from venous thromboembolism at 10 weeks gestation, which is very difficult to capture. The idea of morbidity measures was noted by the Committee as a better way to address the gaps in measurement beyond the hospital, such as a measure of the proportion of women who receive antenatal assessments by 13 weeks of pregnancy or other measures of screening or disease management.

Ultimately, the Committee reviewed five measure concepts and provided specific changes and recommendations. The final actionable approach for a morality measure concept will be included recommendations report.

Public Comment

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

Next Steps

Ms. Williams summarized the next steps for the Committee. Small workgroups, composed of nine Committee members and federal liaisons, will continue to discuss morbidity and mortality approaches by subdomain in small group meetings. The next web meeting will take place on January 26, 2021.