

NATIONAL QUALITY FORUM

Moderator: Suzanne Theberge
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12:00 pm CT

Operator: Welcome to the conference. Please note today's call is being recorded. Please stand by.

Suzanne Theberge: Good afternoon everybody. This is Suzanne Theberge. I'm the project manager for the Perinatal and Reproductive Healthcare Endorsement Maintenance Project here at the National Quality Forum.

I'm here in the office with Dr. Reva Winkler, the Project Senior Director, and Gene Cunningham, the Project Analyst, and also on the line with us is Dr. Laura Riley, who's the co-chair for this project.

So basically we just want to briefly go over the goals of the project and the goals of today, and then Laura will lead us through some of the content issues that came up. The Webinar today is a new part of our CDP, which you may or may not have participated in yet.

It just gives us a chance to talk about what happened in the project, before the NQF membership votes. We talk about the measures, about the process, and answer any questions from people before we move in - or now that we've moved into voting.

So this Perinatal and Reproductive Healthcare Project was looking for measures for public reporting and quality improvement on reproductive health, pregnancy, childbirth, postpartum care and newborn care. We received 19 maintenance measures and 3 new measures in this project.

This was both a new and maintenance project, and the committee recommended 14 of the measures. Twelve of the measures that were recommended were maintenance measures, and two of them were new. Of the measures submitted, two measures were withdrawn during the committee discussion, and seven measures that had been endorsed in the first project in 2008 were not resubmitted.

Information about all of this is in Appendix C in the voting report which is posted on the NQF Website under the Perinatal Project page, and you can find out the reasons for all of that on that appendix. The 30 day member and public comment period closed on January 19, and there were 149 comments submitted.

Those were all addressed by the developers and the Steering Committee, and the responses were posted along with the voting draft report on Monday of this week, February 13. Voting is open through February 27 at 6:00 pm. That's Eastern Time.

And finally, we just used the standard evaluation criteria in this project. We didn't have any time limited measures in this project. Everything has been completely tested, and we used the new guidance on related and competing measures, which Laura will speak about in just a moment.

And now I'd like to turn the call over to Laura.

Laura Riley: Thank you. My slides aren't advancing, for whatever reason, but - okay, there we go. So I will just talk about some of the issues that came up at the meeting and then again when we discussed some of the comments that came back to us.

In terms of sort of the long term outcomes we did note that multiple measures, specifically the ones looking at benefit for the infant as well as the ones looking at benefit for the mother, so for instance the steroids, Group B Strep prophylaxis or the maternal measures - we've looked at antibiotics for Cesarean delivery, were good measures in terms of looking at short term outcomes.

But again, there are some concerns about long term outcomes, which we don't really have information on, and specifically sort of the impact of antibiotic use on the neonatal gut flora when we're only giving one dose for Cesarean delivery. So there's some areas where long term outcomes are still not available despite our best efforts.

The other issue that came up multiple times was sort of looking at population level companion measures, and those, for instance the breastfeeding measure, there was a desire to get a better sense of whether or not there would be - whether or not those measures might also help change the attitudes and the values of the community for improving the care of women and infants overall.

And then we spent quite a bit of time looking at composite measures, and we did (recede) an adverse outcome index measure. The committee was very enthusiastic about the measure, although we felt that the various components of the measure did need additional work. We, as a whole, urged the developers to continue working on that, and there were lots of suggestions from the members of the committee in terms of ways to improve the measure.

I think it was pretty clear that people felt - and you'll see in sort of the comments that came out later that said we were enthusiastic about coming up with some kind of an outcome measure that looked at various aspects of care across pregnancy, including prenatal care, intrapartum care, meaning around the time of delivery, as well as postpartum care and neonatal care.

So we're hoping that in future projects we will see more measures, more composite measures in development. And then another issue that came up was the use of vital statistics as a data source, and the committee is aware that vital statistics are generally underutilized for performance measurement.

And we did talk a great deal about the fact that some agencies don't have access to medical record data and the utility of using birth certificate data, but then there's, you know, pieces of clinical information that are there, but it's not available in billing records. And so we talked a lot about sort of the data sources and where these things could be abstracted from if you don't actually have the chart.

And then finally, we did talk a great deal about related and competing measures, and this is something that came up over and over again. And actually I'll talk about it to some extent on the next slide when we talk about harmonization.

But we did, for example, have four similar measures for healthcare acquired neonatal infection, and we all agreed that it would be ideal if there was just a single measure rather than multiple measures around the same topic that were seemingly overlapping.

The issue was that while the measure specifications were similar, the data sources for each of the three - for three of the four measures were very different. And one was built from a hospital billing data, a second was based on voluntary individual hospital submissions to the JCAHO, and then two were developed from data submitted to the Vermont Oxford by its member hospitals, which obviously is a smaller group of hospitals.

So there was variation in where the data came from, and it was potentially giving us - which could potentially give us very different information. So at the end we decided instead of just coming

down to one measure, that that's how we ended up with three on the same - on retaining three of the measures at present, and hoping that in maybe the next phase we will have more information about the validity of these various data sources.

I think we can go on to the next slide. So there were, as we said, there were 149 comments from the 19 member organizations, and 53 organizations and individuals who are not NQF measures. The themes were broadly along these areas, and I can sort of speak to each of them. Not to bore you, but...

The harmonization issue, I think that it was clear that people were quite concerned about having three measures on hospital acquired infection, and would this be confusing. And so again, the reason that we came up with three was because of our difficulty in sort of figuring out the different data sets and which would be more reliable or valid. And so hopefully we can maybe do better in the future.

The other theme that came up was electronic health records, the companies which submitted comments on how the electronic health record in the future will be ready for each of these recommended measures. And that was very helpful input, but was not part of the - is part of the project just yet to submit EHR specs, but this will clearly be something for the future as we all go closer and closer to electronic health records.

The other issue was the level of analysis, and this did generate a lot of discussion. There is a request, understandably, for expanded levels of analysis for several of the measures, but we did talk about the fact that it's difficult just to then bring these measures down to the clinician level.

And the reason would be that for many of the measures we'd be concerned about the methodologic challenges that are presented when the sample size is small and, you know, who do you attribute the issue to, which clinician? And so I think that in general the developers have

responded that clinician level measures are really not the focus for their measure development program, and that we're looking at a much broader range for measurement.

And then mandatory reporting, that also did come up and there were requests for mandatory reporting of several measures. And while we understand that, reporting on and implementation of the measurements are not really in the purview of this NQF endorsement. And it may be something, clearly, that the NQF-convened National Priorities Partnership, termed the Action Team is looking at that as a priority action for 2012.

And then target values was another area that did come up during the comment time, and this was, again, an interesting discussion. And basically the question that arises is, how do we know what "good performance" is on any given measure? And we did talk about that at length, because the sense of the committee was that, you know, arbitrary targets are problematic, And it really, it depends on the context within which these things are being measured.

And felt that specific targets just are not feasible and that it's probably much more useful to ultimately improving patient care that the comparisons and trends of these measures or outcomes of these measures should be within an institution or within a healthcare institution so that they can sort of compare their own data as opposed to, you know, picking one particular target that works for the entire country.

And then moving on, I guess additional areas for measurement development, this was a - we got lots of great ideas and added to the long list that the committee had generated itself, and there were many areas, gap areas, that were outlined in the report and added to.

And then finally, a little bit more on the questions and comments of specific measures, there were - several measures had received some questions about the specifications and comments on the

support for the measure. These all were addressed from the developers as well as from the committee and the staff, when appropriate.

And then in terms of the summary of the breastfeeding, the comments raised there were concerns that the measure would mandate breastfeeding, and people were concerned about a woman's choice to breastfeed. It was interesting. There was almost an equal number commented in support of the measure due to the health benefits to the mother and the baby.

The committee did, you know, underscore the significant health benefits for newborns as well as for mothers with supporting, you know, all efforts to optimize maternal education, encouragement, et cetera, and healthy choices for both the mother and her child. The committee also agreed that improving support for mothers who wish to breastfeed does not equal removing a choice.

So the committee acknowledged that, you know, you wouldn't expect that the target for this measure should be 100%, and obviously the unintended consequence of putting this measure out there, i.e., inappropriate coercion of mothers, should definitely be monitored, but in the end the committee decided to continue with their recommendation for that measure.

There was also a great degree of discussion about the hepatitis B measure. There were more than 30 comments asking the committee to reconsider our decision not to endorse that measure, raising concerns about the disparities in care for babies born to mothers with, who were hepatitis B surface antigen positive as well as the long term implications of not measuring HBIG administration to prevent neonatal infection.

And several things were brought up in this discussion. The committee did note that it appeared to be a regional issue. And with the Measure 0475, Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital and Birthing Facility Discharge in place, the additional impact of

this measure would be small and highly variable among states. There was more discussion there which I can go on and on about, but if there's questions I'm happy to answer those at the end.

After really listening to what the measure developers had to say and seriously understand, you know, the issues in such a large state such as California, the committee agreed that, you know, it's definitely an important issue, but suggested that with the small staff and the current performance on a national quality measure may not really be the right approach to capture the few babies that are being missed at this point, recognizing that we don't want any babies to be missed.

The committee did also point to the CDC's funded state, local and territorial perinatal hepatitis B prevention coordinators that focus on preventing perinatal transmission of hepatitis B. After reviewing the comments and listening to the measure developer, the committee voted not to change our original recommendation which was against the endorsement of that measure.

And then finally, the Measure 502 was a pregnancy test for women presenting to the emergency room with abdominal pain. The measure - excuse me - the developer requested that the committee review our original discussion and reconsider our recommendation which was against the measure, because we had initially passed all of the four NQF evaluation criteria.

And the committee readily acknowledged that there was some inconsistency there and pointed to a number of medium to low ratings on the subcriteria, which is how we believe we, in the end, decided against the measure. So the committee agreed to reevaluate the measure from the very beginning after listening to our - reviewing our transcript of the original Steering Committee and workgroup discussion.

And on reevaluation the committee decided again not to recommend the measure. Although the committee determined that the measure passed the importance criteria, many members voiced

concerns over the lack of data on ectopic pregnancy burden, on the paucity of data on current performance and gap as well as specifically no data on how many ectopic pregnancies are identified by routine urine pregnancy testing in the emergency room and the impact on outcomes.

So the committee members noted that the ratings on reliability and validity as well as feasibility again have substantial numbers of medium or low votes citing concerns with the conflicting information that was presented to us on reliability and validity as well as the burden of data collection, which was quite extensive, particularly for the exclusions. I think with that, that pretty much wraps up all that we had to say there.

And then in terms of recommendations, there were no significant changes to measures or to recommendations. There were additional areas added to the future measure development list. We got lots of good comments. And then of the 22 measures evaluated, 14 measures are recommended for new or continued endorsement. And, I think that wraps up what I have to say.

Suzanne Theberge: Thank you, Laura. The only other thing that we would like to let you know is that member voting is now open, and all votes must be submitted electronically by 6:00 pm on February 27.

And yes, now we'd like to, Operator, we'd like to open the line for questions if there are any.

Operator: All right. And ladies and gentlemen, to ask a question at this time, please signal by pressing star 1 on your telephone keypad. If you're on a speakerphone, please pick up the handset or make sure the mute is off. Again, that'll be star 1. We'll pause for a brief moment. Once again, star 1 for any questions or comments.

And I have nothing at this time.

Suzanne Theberge: Okay. I think then we're all done here.

Reva Winkler: Yes. This is Reva Winkler. Thanks to everybody for joining us today. Thanks to Laura Riley for being a wonderful co-chair for this project, and thanks to everybody for your interest. And we look forward to seeing the results of the voting and presenting the results to the Consensus Standards Approval Committee at their meeting in March.

Suzanne Theberge: All right. Thanks everybody. Have a good afternoon.

Laura Riley: Thank you.

Operator: And again, we now conclude our audio conference. Thank you for your participation. Have a great day all.

Suzanne Theberge: Thank you.

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