



NATIONAL QUALITY FORUM

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Memo

October 19, 2022

To: Perinatal Standing Committee, Spring 2022

From: NQF staff

Re: Post-comment web meeting to discuss NQF member and public comments received and NQF member expression of support

Background

In the U.S., women face diverse health and wellness concerns during pregnancy and childbirth. A 2020 report published by the Commonwealth Fund found that while most maternal deaths are preventable, the U.S. rates for maternal deaths have continued to increase rather than decrease since 2000. Maternal health disparities vary across the country based on ethnicity, socioeconomic status, and access to quality healthcare. Lack of access to high quality care decreases the opportunity for the identification of risk factors and mitigation of conditions that lead to poor outcomes. Appropriate care and management of pregnancy and childbirth are essential to the health and wellness of women and their families across the nation. For the spring cycle of the Perinatal project, the Standing Committee evaluated two newly submitted measures and two new measures for trial use. The Standing Committee recommended two measures for endorsement and two measures for trial use.

The Standing Committee recommended the following measures for endorsement:

- NQF #0471e ePC-02 Cesarean Birth (The Joint Commission)
- NQF #3687e ePC-07 Severe Obstetric Complications (The Joint Commission)

The Standing Committee recommended the following measures for trial use:

- NQF #3682e SINC-Based Contraceptive Care, Postpartum (University of California, San Francisco [UCSF])
- NQF #3699e SINC-Based Contraceptive Care, Non-Postpartum (UCSF)

Standing Committee Actions in Advance of the Meeting

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see Comment Brief).
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Comments Received

NQF accepts comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 18, 2022 and closed on September 13, 2022. No comments were received by June 15, 2022 in advance of the measure evaluation meeting. Following the Standing

Committee's evaluation of the measures under review, NQF received 14 supportive comments from seven organizations and individuals pertaining to the draft report and the measure(s) under review.

NQF members also had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration. No NQF members submitted an expression of support.

NQF staff have included all comments that were received in the Comment Brief. The Comment Brief contains the commenter's name, comment, associated measure, and measure steward/developer responses, if appropriate, for the Standing Committee's consideration. Please review this brief in advance of the meeting and consider the individual comments received.

Although all comments are subject to discussion, the intent of the post-comment meeting is to vote on consensus-not-reached measures as well as discuss comments that require Standing Committee adjudication. Since no measures were consensus-not-reached and all post-evaluation comments were in support of the four recommended measures, no votes are planned and no specific comments are in need of Standing Committee adjudication. However, a Standing Committee concern will be discussed during the post-comment call. Please note that is not an attempt to limit the Standing Committee's discussion, and the Standing Committee may pull any comment for discussion during the post-comment meeting.

Standing Committee Discussion

NQF #3687e ePC-07 Severe Obstetric Complications (The Joint Commission)

Description: Hospital-level measure scores are calculated as a risk-adjusted proportion of the number of delivery hospitalizations for women who experience a severe obstetric complication, as defined by the numerator, by the total number of delivery hospitalizations in the denominator during the measurement period. The hospital-level measure score will be reported as a rate per 10,000 delivery hospitalizations; **Measure Type:** Outcome; **Level of Analysis:** Facility; **Setting of Care:** Inpatient/Hospital; **Data Source:** Electronic Health Data; Electronic Health Records

Following the measure evaluation meeting, a Standing Committee member, who was not able to attend the measure evaluation meeting, expressed a concern that the measure was not adequately discussed by the Standing Committee. The Standing Committee member noted issues with the measure's validity, specifically that it showed poor positive predictive value for several indicators beyond transfusion and/or variation in coding (with a PPV below 50%) and is not comparable across states.

Action Item:

Review concern and determine if concern was adequately discussed.

Appendix A: NQF Member Expression of Support Results

No NQF members provided their expressions of support/nonsupport.