



February 2, 2018

**To:** Perinatal and Women's Health Standing Committee

**From:** NQF Staff

**Re:** February 9, 2018, Perinatal and Women's Health Standing Committee Web Meeting

**Purpose:** The purpose of this memo is to provide the Perinatal and Women's Health Standing Committee with the relevant background information in preparation for the upcoming February 9 web meeting.

### Background on Fall 2017 Cycle Work

The National Quality Forum (NQF) received one measure submission for the Fall 2017 cycle. The measure was a new outcome measure and, as a complex measure, was automatically referred to the newly created Scientific Methods Panel for review per the new NQF process. The Methods Panel deemed the measure's testing insufficient, and consequently, the Committee will not review the measure during this cycle. NQF is working with the developer, and we expect you will review this measure in an upcoming cycle of work.

To continue the important work of the Perinatal and Women's Health Standing Committee during this cycle, the Committee Co-Chairs and NQF staff identified two important topics to discuss during a February 9 web meeting: a review of the Perinatal and Women's Health measure portfolio to identify candidate "balancing measures"; and an update by measure developers on the three competing neonatal measures that the Committee reviewed during its May 2016 measure evaluation meeting.

### Balancing Measures

The Perinatal and Women's Health portfolio contains 18 endorsed measures. During the 2015-2016 phase of work, the Committee noted the need for "balancing" measures, or measures that can potentially mitigate an unintended or adverse consequence of a specific measurement focus. Balancing measures ensure that changes made in response to one measure do not worsen outcomes in a separate or related area of care. For example, a decrease in cesarean sections, which is considered a positive outcome, should not increase compromised newborns or stillbirths.

During the February 9 call, the Committee will review each measure in the portfolio, identify whether it recommends a balancing measure, and if so, whether one exists or what the measure should/could be. The NQF project team has begun this process in [Appendix A](#), by listing the currently endorsed measures and those that have already been identified as balancing measures during the Committee's previous discussion. Measurement gaps (measures that could be used as balancing measures for currently endorsed measures) identified during the call will be shared with CMS, and posted for public and developer consideration on the NQF website.

## Update on Competing Measures

During the 2015-2016 project, the Committee recommended for re-endorsement three competing measures of neonatal infection, but requested that the developers come back in 18 months with either a single measure or that they harmonize the three measures so that they were no longer competing. These three measures are:

- 0304 [Late sepsis or meningitis in Very Low Birth Weight \(VLBW\) neonates \(risk-adjusted\)](#)  
– Vermont Oxford Network
  - **Level of Analysis:** Facility
  - **Measure Description:** Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants
- 0478 [Neonatal Blood Stream Infection Rate \(NQI 03\)](#) – AHRQ
  - **Level of Analysis:** Facility
  - **Measure Description:** Discharges with healthcare-associated blood stream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 3 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.
- 1731 [PC-04 Health Care-Associated Bloodstream Infections in Newborns](#) – The Joint Commission
  - **Level of Analysis:** Facility, Other
  - **Measure Description:** This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding).

Despite Committee reservations about the burden of three different measures on measure users and potential confusion for members of the public, it decided to recommend all three measures for re-endorsement for a range of reasons, including:

- planned changes in the specifications of measure #0478 to achieve further harmonization;
- update of specifications to ICD-10 CM codes and the lack of information regarding the effect of revised coding on all three measures;
- the population of hospitals reporting on measure #1731 was much larger during the project year, and the Committee thought that more experience and data on this measure, as well as a larger population covered, will provide more information on its usefulness; and
- the need for more data in general to properly compare the slightly different populations captured in each measure: two measures focus only on very low birthweight babies;

these babies are more likely to develop infections, but larger babies do also get infections and not including them in the measurement population means missed opportunities for many facilities to improve care that affects a large number of newborns.

Complete information on the Committee's discussion is included in the [project report](#). During the upcoming webinar, each of the three developers will provide an update on the additional data requested by the Committee and their progress towards harmonization. The Committee will then have the opportunity to ask questions of the developers.

### **Preparation for the February 9 Webinar**

To prepare for the upcoming web meeting, please review [Appendix A](#), the table of endorsed measures within the Perinatal and Women's Health portfolio. As you review, please do some preliminary thinking on whether each measure could benefit from a balancing measure and if so, what that measure(s) might be. Potential balancing measures can be already-endorsed measures in the portfolio, or could be ideas for measures that should be developed.

Further, it would be beneficial for Committee members to re-familiarize themselves with the three competing neonatal infection measures and the Committee discussion summarized in the 2015-2016 [project report](#).

**Appendix A: Table of Endorsed Measures**

<b>Measure number, Title, and Developer</b>	<b>Measure Description</b>	<b>Is a Balancing Measure Recommended?</b>	<b>Balancing Measure Already Identified</b>	<b>Candidate Balancing Measure(s)</b>
0033 Chlamydia Screening in Women (CHL) National Committee for Quality Assurance	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.			
0304 Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) Vermont Oxford Network	Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants			
0469 PC-01 Elective Delivery The Joint Commission	This measure assesses patients with elective vaginal deliveries or elective cesarean births at $\geq 37$ and $< 39$ weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding)	Yes	0716 Unexpected Complications in Term Newborns (CMQCC)	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
0469e PC-01 Elective Delivery (eMeasure) The Joint Commission	This measure assesses patients with elective vaginal deliveries or elective cesarean births at $\geq 37$ and $< 39$ weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). PC-01: Elective Delivery is one of two measures in this set that have been reengineered as eQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.	Yes	0716 Unexpected Complications in Term Newborns (CMQCC)	
0470 Incidence of Episiotomy Christiana Care Health System	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.	Yes	0716 Unexpected Complications in Term Newborns (CMQCC)	
0471 PC-02 Cesarean Birth The Joint Commission	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).	Yes	0716 Unexpected Complications in Term Newborns (CMQCC)	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge Centers for Disease Control and Prevention	Percent of live newborn infants that receive Hepatitis B vaccination before discharge (or within 1 month of life, if the infant had an extended hospital stay) at each single hospital/birthing facility during given time period (one year).			
0476 PC-03 Antenatal Steroids The Joint Commission	This measure assesses patients at risk of preterm delivery at $\geq 24$ and $< 34$ weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).			

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
0478 Neonatal Blood Stream Infection Rate (NQI 03) Agency for Healthcare Research and Quality	Discharges with healthcare-associated blood stream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 3 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.			
0480 PC-05 Exclusive Breast Milk Feeding The Joint Commission	PC-05 assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns).			

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
0480e PC-05 Exclusive Breast Milk Feeding (eMeasure) The Joint Commission	PC-05 assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns). PC-05, Exclusive Breast Milk Feeding, is one of two measures in this set that have been reengineered as eCQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.			
0483 Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity. Vermont Oxford Network	Proportion of infants born from 22 weeks, 0 days to 29 weeks, 6 days gestational age who were in the reporting hospital at the postnatal age recommended for screening for retinopathy of prematurity (ROP) by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge.			
0716 Unexpected Complications in Term Newborns California Maternal Quality Care Collaborative	This is a hospital level performance score reported as the percent of infants with Unexpected Newborn Complications among full term newborns with no preexisting conditions, typically calculated per year.			



Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
1382 Percentage of low birthweight births Centers for Disease Control and Prevention	The percentage of births with birthweight <2,500 grams			
1731 PC-04 Health Care-Associated Bloodstream Infections in Newborns The Joint Commission	This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding).			

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
2902 Contraceptive Care - Postpartum US Office of Population Affairs	<p>Among women ages 15 through 44 who had a live birth, the percentage that is provided:</p> <p>1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery.</p> <p>2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.</p>	Yes	Measure under development – patient reported measure of experience of contraceptive care	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure Already Identified	Candidate Balancing Measure(s)
2903 Contraceptive Care – Most & Moderately Effective Methods US Office of Population Affairs	<p>The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception.</p> <p>The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy.</p>		Measure under development – patient reported measure of experience of contraceptive care	
2904 Contraceptive Care - Access to LARC US Office of Population Affairs	<p>Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS)).</p> <p>It is an access measure because it is intended to identify situations in which women do not have access to the long-acting reversible methods of contraception (LARC), i.e., contraceptive implants and intrauterine devices.</p>		Measure under development – patient reported measure of experience of contraceptive care	