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Perinatal and Women's Health, Spring 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Erin Buchanan, Manager

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Robyn Y. Nishimi, Senior Consultant

June 26, 2020

Welcome

Welcome

- The CenturyLink web platform will allow you to visually follow the presentation.
- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
- You may raise your hand using the CenturyLink web platform.

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Project Team — Perinatal and Women's Health Committee

- Matt Pickering, PharmD, Senior Director
- Erin Buchanan, MPH, Project Manager
- Hannah Ingber, MPH, Project Analyst
- Robyn Y. Nishimi, PhD, Senior Consultant

Agenda

- Introductions and Disclosures of Interest
- Measures Under Review
- Overview of Evaluation Process and Voting Process
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Perinatal and Women's Health Spring 2020 Cycle Standing Committee

- **Kimberly Gregory, MD, MPH (Co-chair)**
- **Carol Sakala, PhD, MSPH (Co-chair)**
- Jill Arnold
- J. Matthew Austin, PhD
- Jennifer Bailit, MD, MPH
- Amy Bell, DNP, RNC-OB, NEA-BC, CPHQ
- Martha Carter, DHSc, MBA, APRN, CNM
- Tasha Cooper, RN
- Ashley Hirai, PhD
- Lisa Holtzclaw, RN, BS, MHA, MSN
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD
- Deborah Kilday, MSN, RN
- Sarah McNeil, MD
- Jennifer Moore, PhD, RN, FAAN
- Sarah Nathan, MSN, RN, FNP
- Kristi Nelson, MBA, BSN
- Sheila Owens-Collins, MD, MPH, MBA
- Diana E. Ramos, MD, MPH, FACOG
- Sindhu Srinivas, MD, MSCE
- Nan Strauss, JD
- Angeline Ti, MD, MPH
- Rajan Wadhawan, MD, MMM, CPE, FAAP

Measures Under Review

Spring 2020 Cycle Measures

■ 6 Maintenance Measures for Committee Review

- ▣ **0469** PC-01 Elective Delivery (The Joint Commission)
- ▣ **0469e** PC-01 Elective Delivery e (The Joint Commission)
- ▣ **0480** PC-05 Exclusive Breast Milk Feeding (The Joint Commission)
- ▣ **0480e** PC-05 Exclusive Breast Milk Feeding e (The Joint Commission)
- ▣ **0471** PC-02 Cesarean birth (The Joint Commission)
- ▣ **0716** Unexpected Complications in Term Newborns (California Maternal Quality Care Collaborative)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
 - **0716** Unexpected Complications in Term Newborns
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and revote.

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Perinatal and Women's Health measures



Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**)
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures)
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.

Achieving Consensus

- Quorum: 66% of active Committee members (e.g., 16 of 23 members)

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes
- CNR measures move forward to public and NQF-member comment, and the Committee will revote during the post-comment web meeting

Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on the missed measures.

Questions?

Voting Test

Consideration of Candidate Measures

0469 PC-01 Elective Delivery

- **Measure Steward:** The Joint Commission

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ This measure assesses patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed.
- ▣ The measure is intended to assist health care organizations track non-medically indicated early term elective deliveries and reduce the occurrence.
- ▣ This measure is part of a set of four nationally implemented measures that address perinatal care: PC-01: Elective Delivery/ePC-01: Elective Delivery; PC-02: Cesarean Birth/ePC-02: Cesarean Birth; PC-05: Exclusive Breast Milk Feeding/ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns.
- ▣ Date of last review: October 25, 2016

0469e PC-01 Elective Delivery e

- **Measure Steward:** The Joint Commission

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ This measure is an electronic clinical quality measure (eCQM) of PC-01: Elective Delivery
- ▣ This measure is part of a set of four nationally implemented measures that address perinatal care: PC-01: Elective Delivery/ePC-01: Elective Delivery; PC-02: Cesarean Birth/ePC-02: Cesarean Birth; PC-05: Exclusive Breast Milk Feeding/ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns.
- ▣ Date of last review: October 25, 2016

Lunch

Consideration of Candidate Measures

0480e PC-05 Exclusive Breast Milk Feeding e

- **Measure Steward:** The Joint Commission
 - ▣ Maintenance
- **Brief Description of Measure:**
 - ▣ This measure is an eCQM of PC-05: Exclusive Breast Milk Feeding
 - ▣ This measure is part of a set of four nationally implemented measures that address perinatal care: PC-01: Elective Delivery/ePC-01: Elective Delivery; PC-02: Cesarean Birth/ePC-02: Cesarean Birth; PC-05: Exclusive Breast Milk Feeding/ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns.
 - ▣ Date of last review: October 25, 2016

0480 PC-05 Exclusive Breast Milk Feeding

- **Measure Steward:** The Joint Commission

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ This measure assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization.
- ▣ The measure is intended to assist health care organizations track evidence of an increase in the number of newborns who were exclusively fed breast milk during the birth hospitalization.
- ▣ This measure is part of a set of four nationally implemented measures that address perinatal care: PC-01: Elective Delivery/ePC-01: Elective Delivery; PC-02: Cesarean Birth/ePC-02: Cesarean Birth; PC-05: Exclusive Breast Milk Feeding/ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns.
- ▣ Date of last review: October 25, 2016

0471 PC-02 Cesarean birth

- **Measure Steward:** The Joint Commission

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ This measure assesses the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.
- ▣ The measure is intended to assist health care organizations track nulliparous patients with live term singleton newborns in vertex position delivering by cesarean birth to reduce the occurrence.
- ▣ This measure is part of a set of four nationally implemented measures that address perinatal care: PC-01: Elective Delivery/ePC-01: Elective Delivery; PC-02: Cesarean Birth/ePC-02: Cesarean Birth; PC-05: Exclusive Breast Milk Feeding/ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns.
- ▣ Date of last review: October 25, 2016

0716 Unexpected Complications in Term Newborns

- **Measure Steward:** California Maternal Quality Care Collaborative

- ▣ Maintenance

- **Brief Description of Measure:**

- ▣ 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.
- ▣ This measure is part of a set of four nationally implemented measures that address perinatal care: PC-01: Elective Delivery/ePC-01: Elective Delivery; PC-02: Cesarean Birth/ePC-02: Cesarean Birth; PC-05: Exclusive Breast Milk Feeding/ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns.
- ▣ This measure was reviewed by the Scientific Methods Panel.
- ▣ Date of last review: October 25, 2016

NQF Member and Public Comment

Next Steps

Activities and Timeline –Spring 2020 Cycle

*All times ET

Meeting	Date and Time
Measure Evaluation Web Meeting #2 (If needed)	June 29, 12-2pm
Draft Report Comment Period	August 3 – September 1
Committee Post-Comment Web Meeting	September 18, 12-2pm
CSAC Review	November 17 – November 18
Appeals Period (30 days)	November 23 – December 23



Fall 2020 Cycle Updates

- Intent to submit deadline is August 3
- Full submission deadline is November 9
- 5 maintenance measures anticipated
- Topic areas
 - ▣ Chlamydia Screening
 - ▣ Neonatal screenings and blood stream infection rate
 - ▣ Episiotomy



Project Contact Info

- Email: perinatal@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
<http://www.qualityforum.org/ProjectDescription.aspx?projectID=86100>
- SharePoint site:
<http://share.qualityforum.org/Projects/Perinatal%202015/SitePages/Home.aspx>

Questions?

THANK YOU.

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