



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

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

Measure Evaluation Standing Committee Meeting

February 12, 2021

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Welcome



Housekeeping Reminders

- This is a Ring Central meeting with audio and video capabilities
- Optional: Dial **470-869-2200** and enter passcode **149-792-7361**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - ▣ Chat box: to message NQF staff or the group
 - ▣ Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at perinatal@qualityforum.org

Project Team

- Chelsea Lynch, MPH, MSN, RN, CIC, Director
- Erin Buchanan, MPH, Manager
- Yemsrach Kidane, PMP, Project Manager
- Hannah Ingber, MPH, Senior Analyst
- Sharon Hibay, DNP, BS, RN, NQF Consultant



Agenda

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

Introductions and Disclosures of Interest



Perinatal and Women's Health Standing Committee

- **Martha Carter, DHSc, MBA, APRN, CNM, FACNM (Co-chair)**
- **Kimberly Gregory, MD, MPH (Co-chair)**
- Jill Arnold
- J. Matthew Austin, PhD
- Jennifer Bailit, MD, MPH
- Amy Bell, DNP, RNC-OB, NEA-BC, CPHQ
- Tasha Cooper, RN
- Christina Davidson, MD
- Ashley Hirai, PhD
- Lisa Holtzclaw, DNP, MHA, MSN, BS, RN
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD
- Elizabeth Jones, MPA
- Sue Kendig, JD, WHNP-BC, FAANP
- 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

Overview of Evaluation Process and Voting Process



Roles of the Standing Committee during the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Perinatal and Women's Health measures



Meeting Ground Rules

During the discussions, Committee members should:

- Be prepared, having reviewed the measure 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 (17 of 25 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.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



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 measures that were evaluated by the Committee during their absence.



Evaluation Process Questions?

Voting Test

Measure Under Review

Fall 2020 Cycle Measure

- **1 Maintenance Measure for Committee Review**
 - ▣ 0470 Incidence of Episiotomy (Christiana Care Health System)

Consideration of Candidate Measure



0470 Incidence of Episiotomy

- **Measure Steward:** (Christiana Care Health System)
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.
 - ▣ Episiotomy has been linked with worse perineal tears and in turn its attendant complications (perineal pain, blood loss, and potential for wound break down/abscess formation and necrotizing fasciitis). ACOG has called for "restricted use of episiotomy."
 - ▣ Date of last review: Oct 25, 2016

Related and Competing Discussion

Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



0470 Related Measures

- No related or competing measures identified

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the CSAC meetings
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline – Fall 2020 Cycle

*All times ET

Meeting	Date, Time
Draft Report Comment Period	March 30 – April 28
Committee Post-Comment Web Meeting	June 2, 12-2pm
CSAC Review	June 28 – 29
Appeals Period (30 days)	July 6 – August 4



Spring 2021 Cycle Updates

- Intent to submit deadline was January 5, 2021
- 0 new measures submitted
- 4 maintenance measures submitted
- 3 complex measures sent to the Scientific Methods Panel for review of scientific acceptability criterion
- Topic areas
 - ▣ Contraception
 - ▣ STI Screening



Project Contact Info

- Email: perintal@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
[http://www.qualityforum.org/Perinatal and Womens Health.aspx](http://www.qualityforum.org/Perinatal_and_Womens_Health.aspx)
- SharePoint site:
<https://share.qualityforum.org/portfolio/Perinatal/SitePages/Home.aspx>

Questions?

THANK YOU.

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