



NATIONAL
QUALITY FORUM

Perinatal and Women's Health

Standing Committee Web Meeting

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June 20, 2018

Welcome and Review of Meeting Objectives

Project Team



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(on leave)



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Agenda for the Call

- Welcome and review of meeting objectives
- Engage in a prioritization exercise of measures in the Committee portfolio
- Receive update from the University of California San Francisco (UCSF) on its contraceptive care PRO-PM testing
- Opportunity for public comment
- Next steps

Perinatal & Women's Health Standing Committee

- **Kimberly Gregory, MD, MPH** (Co-Chair)
- **Carol Sakala, PhD, MSPH** (Co-Chair)
- J. Matthew Austin, PhD
- Jennifer Bailit, MD, MPH
- Amy Bell, DNP, RNC-OB, NEA-BC, CPHQ
- Tracy Flanagan, MD
- Gregory Goyert, MD
- Ashley Hirai, PhD
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD (c)
- John Keats, MD, CPE, CPPS, FACOG, FAAPL
- Deborah Kilday, MSN, RN
- Sarah McNeil, MD
- Jennifer Moore, PhD, RN
- Kristi Nelson, MBA, BSN
- Juliet M Nevins, MD, MPA
- Sheila Owens-Collins, MD, MPH, MBA
- Cynthia Pellegrini
- Diana E. Ramos, MD, MPH, FACOG
- Naomi Schapiro, RN, PhD, CPNP
- Karen Shea, RN, MSN
- Marisa “Mimi” Spalding, JD, MPH
- Sindhu Srinivas, MD, MSCE
- Rajan Wadhawan, MD, MMM, CPE, FAAP
- Carolyn Westhoff, MD, MSc
- Janet Young, MD

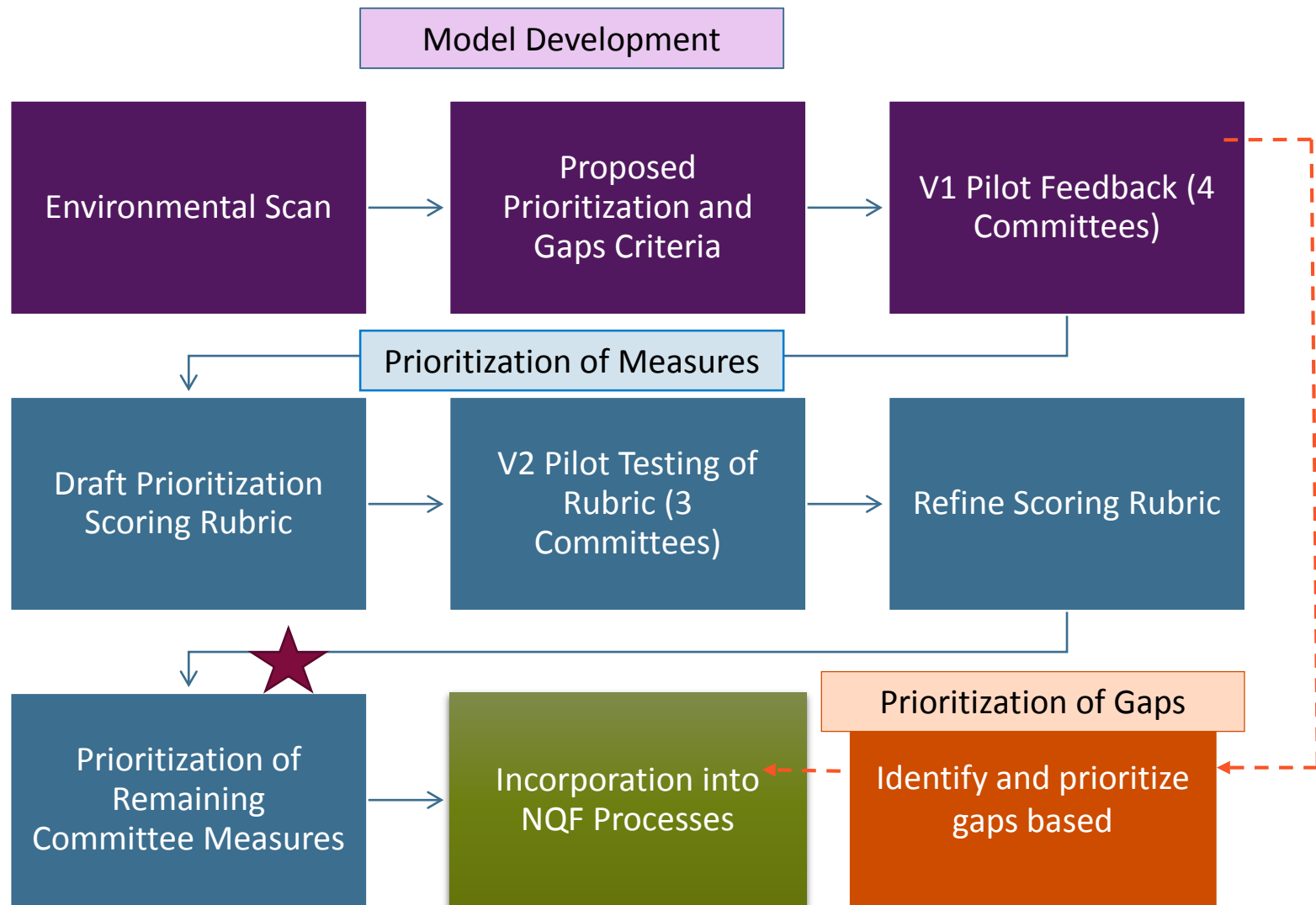
NQF Prioritization Initiative

NQF's Strategic Direction



Learn more about NQF's Strategic Plan at
http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

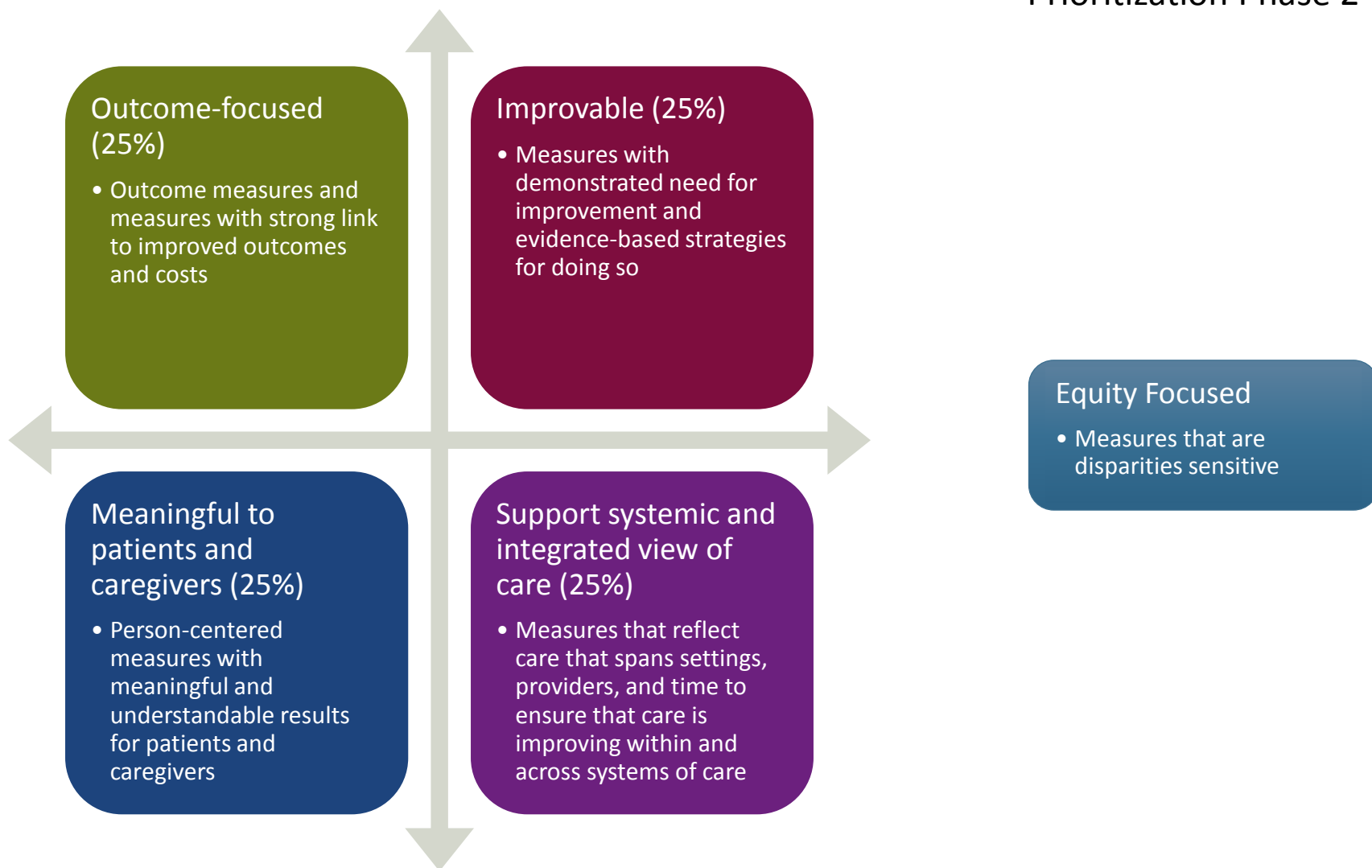
NQF Prioritization Initiative



NQF Measure Prioritization Criteria

Prioritization Phase 1

Prioritization Phase 2



Breakdown of the Criteria

Outcome-focused

- Measures are scored based on measure type: Process/Structural, Intermediate clinical outcome or process tightly linked to outcome, Outcome/CRU

Improvable

- Measures are scored based the percentage of committee members votes on the “Gap” Criteria during measure evaluation and maintenance review for “High,” “Moderate,” or “Low.”

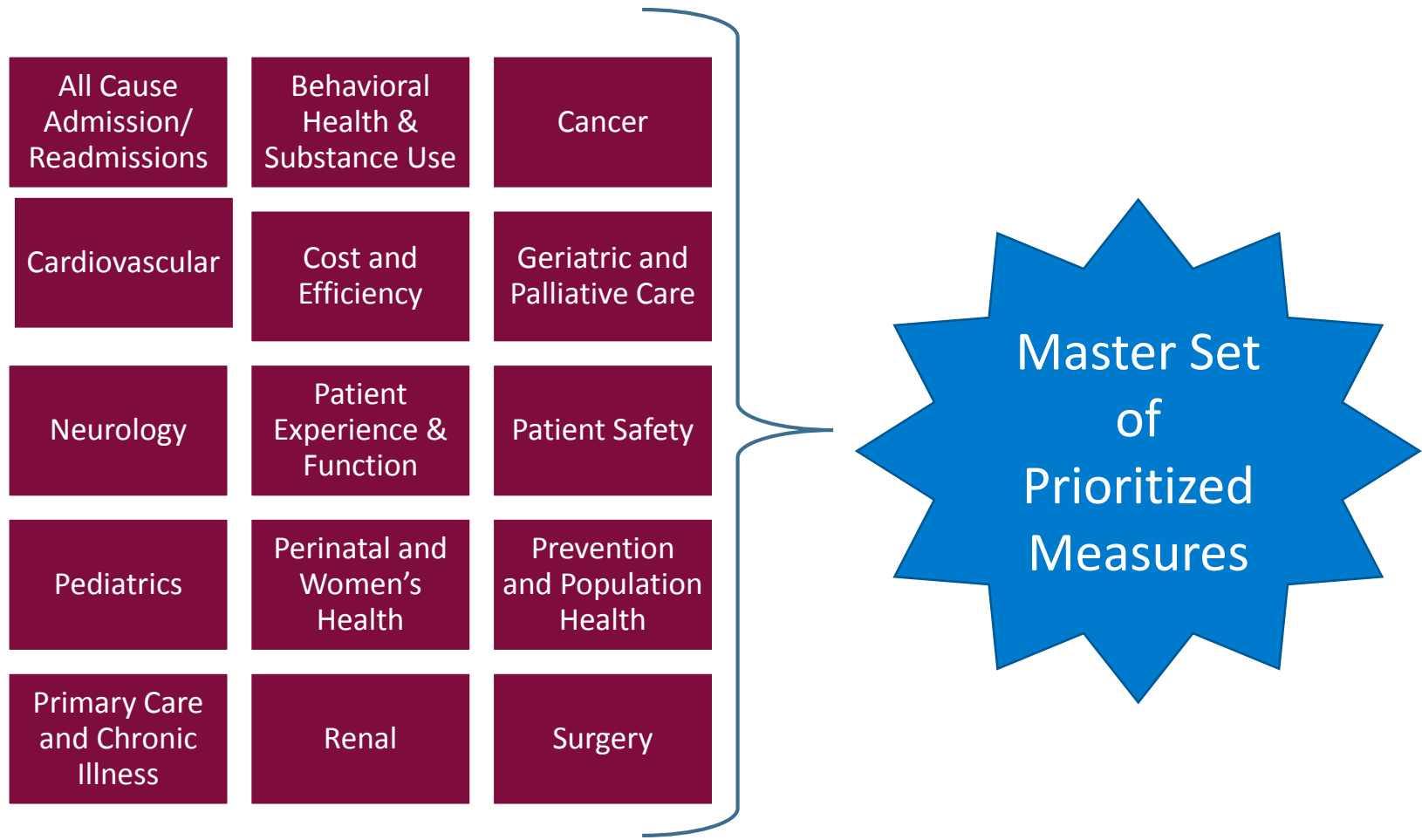
Meaningful to patients and caregivers

- Measures are scored based on if they are (1) a PRO and (2) if they are tagged as meaningful to patients.
- A meaningful change or health maintenance to the patients and caregivers encompasses measures that address the following areas: Symptoms, Functional status, Health related quality of life or well-being. Patient and caregiver experience of care (Including Financial Stress, Satisfaction, Care coordination/continuity of care Wait times, Patient and caregiver autonomy/empowerment) and Harm to the patient, patient safety, or avoidance of an adverse event

Support systemic and integrated view of care

- Measures are scored based on if (1) if they are a composite measure, (2) if they are applicable to multiple settings, (3) if they are condition agnostic, and (4) if they reflect a system outcome.
- A system outcome is defined as a measure that: Addresses issues of Readmission, Addresses issues of Care-coordination, Results from the care of multiple providers, or Addresses aspects to enhance healthcare value (including a cost or efficiency component)

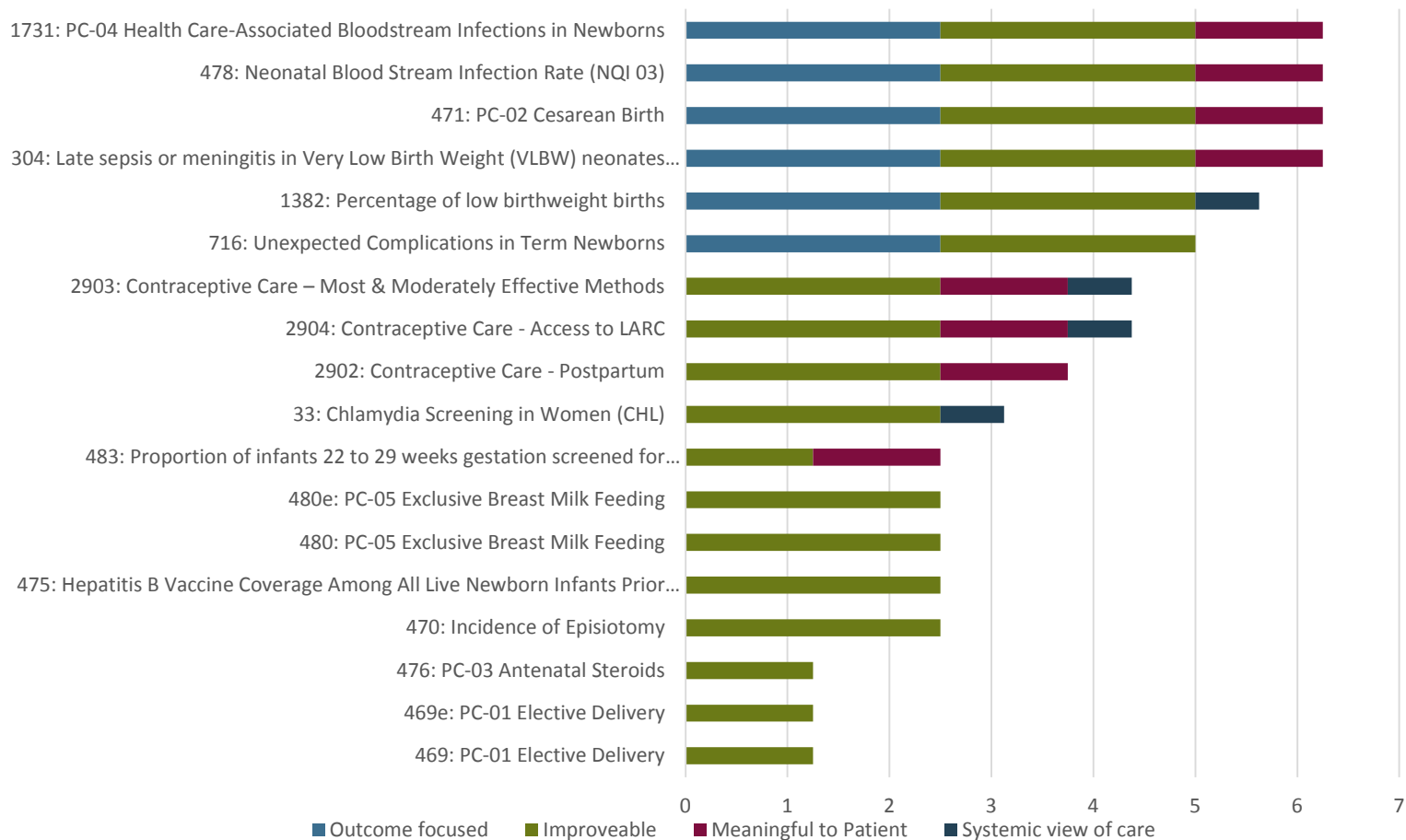
Prioritization will be conducted within and across portfolios



Scoring Rubric

Criterion	Score	Descriptions
Outcome Focused	0	Process/Structural
	1	Intermediate clinical outcome or process tightly linked to outcome
	2	Outcome/CRU
Improvable	0	Performance Gap - Low/Failure
	1	Passed Performance Gap (Majority of Votes "Moderate")
	2	Majority of Votes for "High"
Meaningful to Patients and Caregivers	1	Patient-Reported Outcome
	1	Areas that reflect a meaningful change or health maintenance to the patient or caregiver
Support Systemic/Integrated View of Care	1	Composite
	1	Agnostic to setting/Applicable to multiple settings
	1	Agnostic to condition
	1	System Outcome

Perinatal Portfolio Prioritization Scoring



Questions for Committee

- Do the initial scoring results yield results you might have expected?
 - ▣ *From your perspective, are the highest and lowest impact measures scoring correctly based on the rubric?*
 - ▣ *Do you have any feedback on the way the rubric is generating results or suggestions for updates in future iterations?*
- Survey to be sent by email following the presentation.

NQF Prioritization Initiative: What's Next?

Activity	Date
Roll out during Spring 2018 Standing Committee meetings	May-June 2018
Compile Phase I results from across Committees	June-August 2018
Measure Evaluation Annual Report Appendix	September 2018
Presentation/Update at NQF Annual Meeting	March 2019

Update from UCSF on Contraceptive Care PRO-PM

A Patient-Reported Outcome Performance Measure (PRO-PM) for contraceptive counseling

Danielle Hessler Jones, PhD

Edith Fox, MPH

Program in Woman-Centered Contraception
Department of Family and Community Medicine
University of California, San Francisco

Background

- *Concern that contraceptive provision performance measures could incentivize non-patient centered counseling towards specific contraceptive methods*
- *History of coercion in reproductive health care*
- *Goal to validate a patient-reported outcome performance measure (PRO-PM) that may be used to measure the client-centeredness of contraceptive counseling delivered by providers*

MacDonald, Ann Fam Med, 2009

OPA Guidance on Use of Provision Performance Measures

How the Measure Should be Used

This measure should be used as an access measure to identify very low rates of LARC use (less than 1-2% use); very low rates may signal barriers to LARC provision that should be addressed through training, changes in reimbursement practices, quality improvement processes, or other steps. The barriers to obtaining LARC are well documented, and include client physician lack of knowledge, financial constraints, and logistical issues. The *Contraceptive Care – Access to LARC* measure should not be used to encourage high rates or use as this may lead to coercive practices. This is especially important given the historical context of coercive practices related to contraception. For the same reason, it is not appropriate to use the *Contraceptive Care – Access to LARC* measure in a pay-for-performance context.

Responses to Provision Measures During Consideration

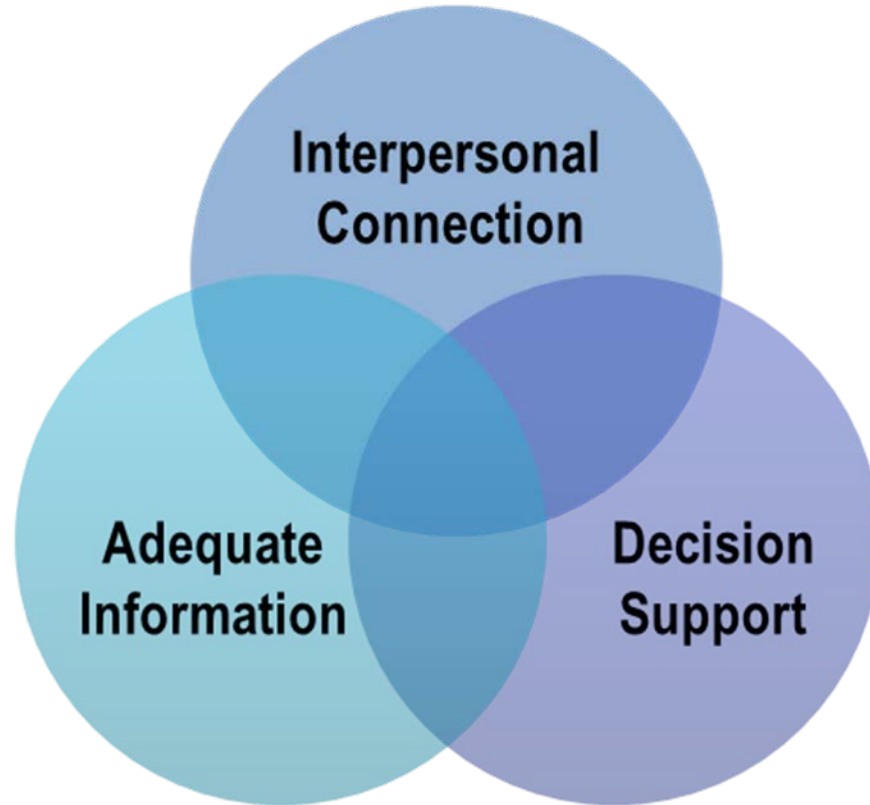
*“The National Partnership for Women & Families strongly supports the committee’s recommendation to endorse this measure....It is extremely important to keep in mind that reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. **We hope this measure will be paired with a woman-reported “balancing measure” of experience of receiving contraceptive care. Such a measure can be expected to help identify and/or check inappropriate pressure from the health care system.**”*

(Emphasis added)

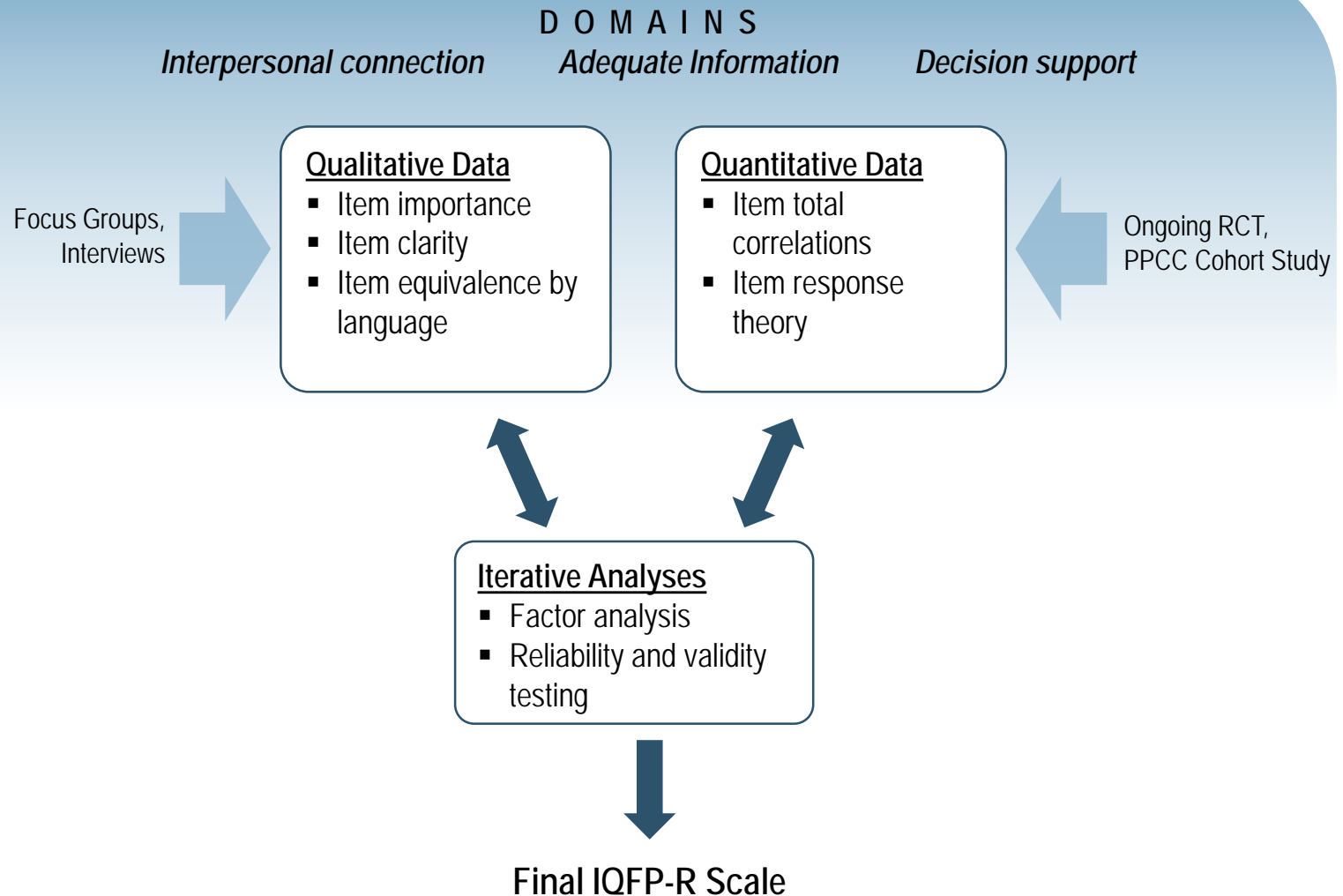
Patient-Centered Counseling Measure

- 11 item Interpersonal Quality in Family Planning (IQFP) scale developed based on:
 - ▢ *Domains of patient-centered communication*
 - ▢ *Patient preferences for contraceptive counseling*
 - ▢ *Factor analysis*
- Associated with:
 - ▢ *Continuation of chosen contraceptive methods*
 - ▢ *Audio recording derived measures of quality counseling*
 - ▢ *Other, less specific measures of satisfaction*

Domains of Client Experience of Counseling



Item Reduction Process

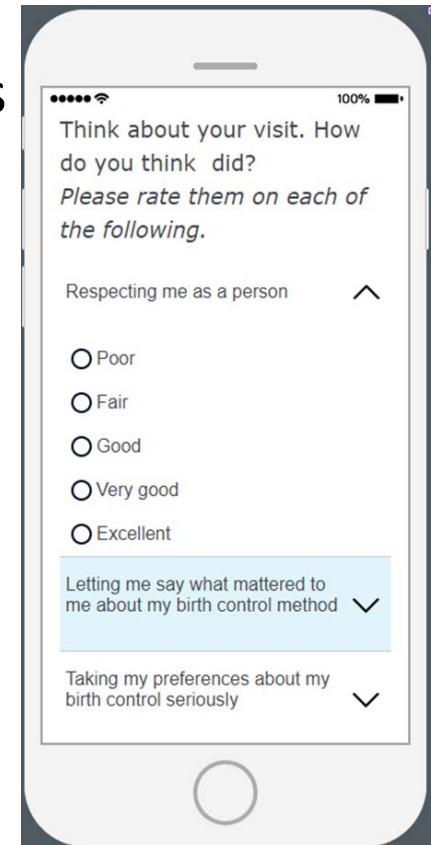


Final Four-Item IQFP-R

Think about your visit with [provider] at [site] on [date of visit]. How do you think they did? Please rate them on each of the following by circling a number.	Poor	Fair	Good	Very good	Excellent
Respecting me as a person	1	2	3	4	5
Letting me say what mattered to me about my birth control method	1	2	3	4	5
Taking my preferences about my birth control seriously	1	2	3	4	5
Giving me enough information to make the best decision about my birth control method	1	2	3	4	5

IQFP-R Testing

- Tested face validity of PRO and PROM, solicited survey feedback in patient interviews and focus groups (n=42 patients)
 - *Patients valued PRO and thought PROM captured PRO*
 - *Equivalent responses by different modes*
 - *Feedback on fonts, colors, format*
- Tested face validity of PROM and PRO-PM, solicited feedback on implementation with providers (n=19) and administrators (n=14) in Modified Delphi Processes
 - *PROM and PRO-PM both acceptable*
 - *Implementation feasibility*



IQFP-R Testing

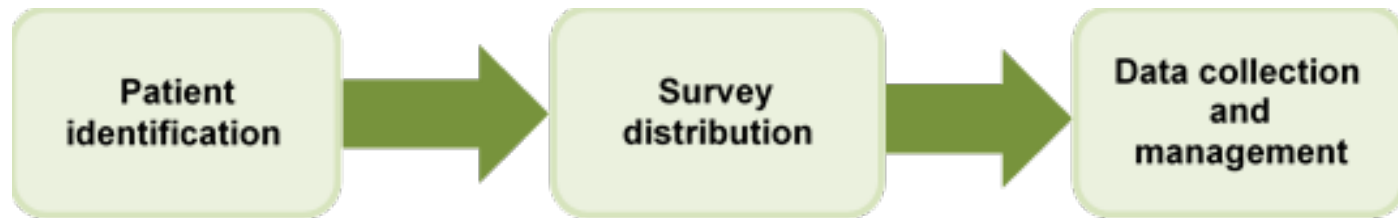
- Following confirmation of face validity with patients, providers, and administrators, we began working with clinical partners across the US to implement use of the IQFP-R with patients
- Timeline: Fall 2017- Spring 2019
- Target: 10-12 clinics; 5,000 patient responses

Clinical Partners in Real-World Test



Implementation

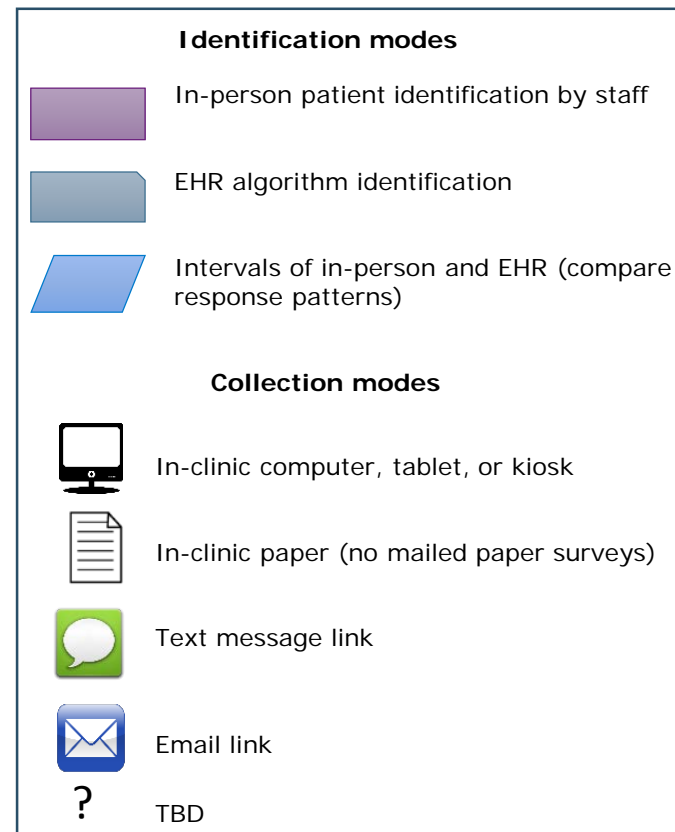
- Sites follow standardized workflow to implement survey in diverse environments:



- UCSF implementation manual provides workflow guidance, flow charts, etc.
- UCSF also provides technical assistance

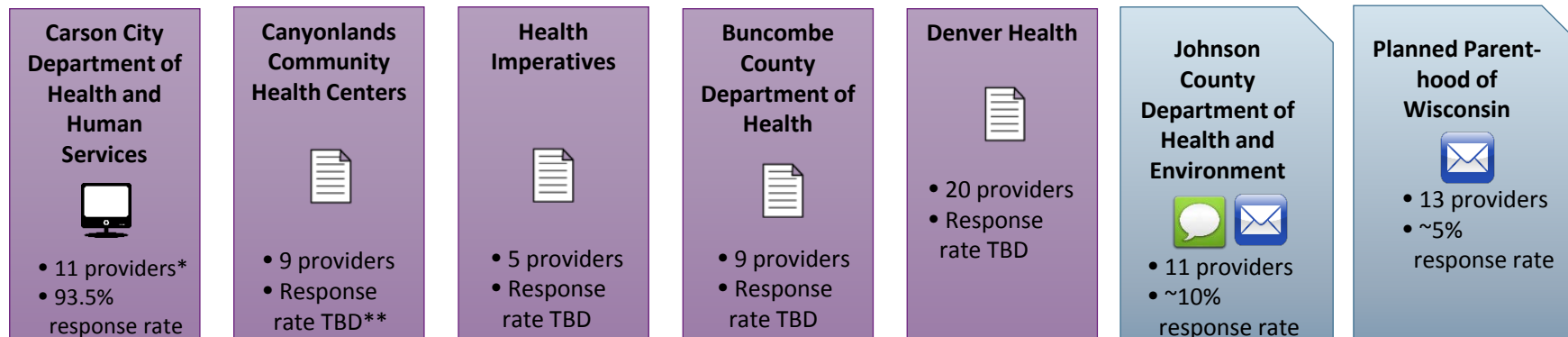
Methodologies

- Patient Identification
 - *Electronic health records (ICD-10, HCPC, etc.)*
 - *In-person ID by provider/staff on day of appointment*
 - *Appointment type*
- Collection modes
 - *Paper in-person*
 - *Electronic in-person*
 - *E-mail electronic link*
 - *Text link*

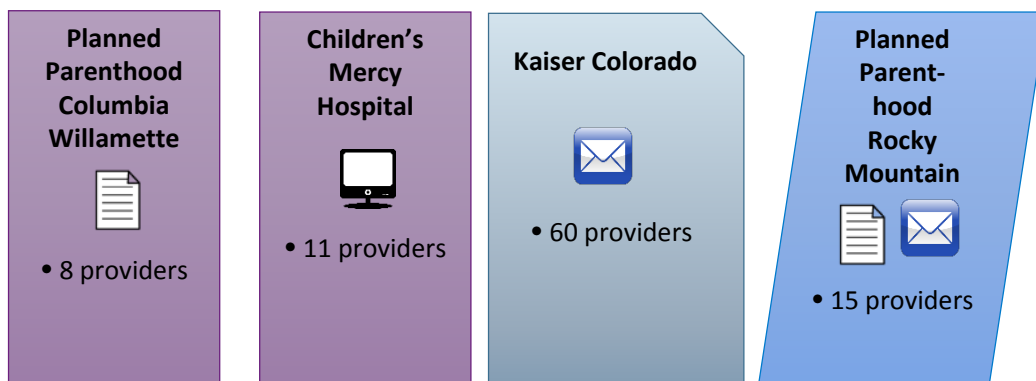


Identification and Collection Modes

Sites currently in data collection phase

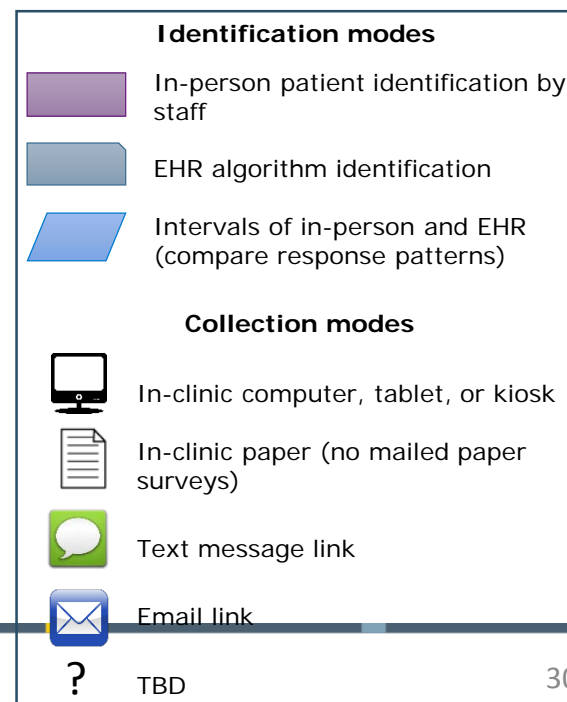


Sites planned for data collection



*Provider number included to indicate site size. We aim to obtain a mean of 30 completed patient surveys per provider.

**Paper data entry is in process, but anecdotally, sites have reported very few in-person declines.



Potential Additional Sites

- University of Texas Austin, Dell Medical School
- Access Esperanza (McAllen, TX)
- Nevada Health Centers
 - Can compare modes within site

Next Steps

- Continue data collection
- Continue onboarding sites
- Develop approach for sites interested in using PRO-PM with NQF-endorsed provision measures

Questions?

Opportunity for Public Comment

Next Steps

Next Steps

- End of Spring 2018 Cycle
- Measure submission deadline for Fall 2018 is November 8, 2018
- Contact Information
 - Email: perinatal@qualityforum.org
 - Phone: 202-781-1300

Thank You!