



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Perinatal and Women's Health, Spring 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Tamara Funk, Director

Erin Buchanan, Senior Manager

Hannah Ingber, Manager

Sean Sullivan, Associate

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Welcome



Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please mute your computer when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep the video on throughout the event
- 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 Standing 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 — Perinatal Committee



Tamara Funk, MPH
Director



Erin Buchanan, MPH
Senior Manager



Hannah Ingber, MPH
Manager



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Associate



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Senior Director



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Senior Project Manager



Jesse Pines, MD, MS, MBA
Consultant



Agenda

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

Introductions and Disclosures of Interest



Perinatal Spring 2022 Cycle 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, BS, MHA, RN
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD
- Elizabeth Jones, MPA (*inactive*)
- Sue Kendig, JD, WHNP-BC, FAANP
- Deborah Kilday, MSN, RN
- Sarah McNeil, MD
- Jennifer Moore, PhD, RN, FAAN
- Sarah Nathan, MSN, RN, FNP
- 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 measures



Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others



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 (must pass)
- **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
- **Overall Suitability for Endorsement**



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **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 but a vote on overall suitability will not be taken.



Achieving Consensus

- Quorum: 66% of active committee members (15 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- 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.

****The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.***



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 unless 50% attendance is not reached.
- 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

Measures Under Review



Spring 2022 Cycle Measures

- **4 New Measures for Committee Review**
 - ▣ **#0471e** ePC-02 Cesarean Birth (Joint Commission)
 - ▣ **#3682e** SINC-Based Contraceptive Care, Postpartum (University of California, San Francisco)
 - ▣ **#3699e** SINC-Based Contraceptive Care, Non-Postpartum (University of California, San Francisco)
 - ▣ **#3687e** ePC-07 Severe Obstetric Complications (Joint Commission)



NQF Scientific Methods Panel (SMP)

- 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.



NQF Scientific Methods Panel Review

- The SMP independently evaluated the Scientific Acceptability of these measures:
 - ▣ #0471e ePC-02 Cesarean Birth
 - ▣ #0716e ePC-06 Unexpected Newborn Complications in Term Newborns
 - ▣ #3687e ePC-07 Severe Obstetric Complications
- 1 of 3 measures did not pass the SMP Review
 - ▣ #0716e ePC-06 Unexpected Newborn Complications in Term Newborns
- Scientific Acceptability is a must-pass criteria. The Panel discussed that measure #0716e needed to be revised to be methodologically sound for validity and reliability and is therefore not eligible for revote.

Consideration of Candidate Measures



#3687e ePC-07 Severe Obstetric Complications

- **Measure Steward/Developer:** Joint Commission
 - New measure
- **Brief Description of Measure:**
 - 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.



#0471e ePC-02 Cesarean Birth

- **Measure Steward/Developer:** Joint Commission
 - New measure
- **Brief Description of Measure:**
 - This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.

Lunch Break
(return at 12:30 pm ET)



#3682e SINC-Based Contraceptive Care, Postpartum

- **Measure Steward/Developer:** University of California, San Francisco
 - New measure
- **Brief Description of Measure:**
 - Percentage of women 1) who received or had documented use of most or moderately effective contraception during the postpartum period (primary measure) and 2) received a long-acting reversible contraceptive method during the postpartum period (sub-measure). To focus the measure on the population of women interested in contraceptive services, the denominator excludes those individuals who did not receive or have documented use of a method if they indicated they did not want these services.



#3699e SINC-Based Contraceptive Care, Non-Postpartum

- **Measure Steward/Developer:** University of California, San Francisco
 - New measure
- **Brief Description of Measure:**
 - Percentage of women who 1) received or had documented use of most or moderately effective contraception and 2) received a long-acting reversible contraceptive method during the calendar year.
 - To focus the measure on the population of women interested in contraceptive services, the denominator excludes those individuals who did not receive or have documented use of a method if they indicated during the year that they did not want these services, as well as those who are eligible for postpartum contraceptive services during the measurement period.

Break
(return at 3:45 pm ET)

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.

Target Population	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 can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



#0471e Related Measure

- #0471 PC-02 Cesarean Birth



#0471e Related Measure

■ #0471 PC-02 Cesarean Birth

- **Steward/Developer:** Joint Commission
- **Description:** This measure assesses the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. 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 will be added as an eCQM 1/1/2020; PC-05: Exclusive Breast Milk Feeding, ePC-05: Exclusive Breast Milk Feeding; PC-06 Unexpected Complications in Term Newborns was added 1/1/2019).
- **Target Population:** Women
- **Care Setting:** Inpatient/Hospital
- **Level of Analysis:** Facility



#0471e Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



#3682e Related Measure

- #2902 Contraceptive Care, Postpartum



#3682e Related Measure

- **#2902 Contraceptive Care, Postpartum**
 - ▣ **Steward/Developer:** Mathematica Policy Research
 - ▣ **Description:** Among women ages 15 through 44 who had a live birth, the percentage that is provided: A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, or ring) effective method of contraception within 3 and 60 days of delivery; A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.
 - ▣ **Target Population:** Children, Women
 - ▣ **Care Setting:** Other
 - ▣ **Level of Analysis:** Clinician: Group/Practice, Health Plan, Population: Regional and State



#3682e Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?



#3699e Related Measures

- #2903 Contraceptive Care – Most & Moderately Effective Methods
- #2904 Contraceptive Care - Access to LARC
- #3543 Person-Centered Contraceptive Counseling (PCCC)



#3699e Related Measure

- **#2903 Contraceptive Care – Most & Moderately Effective Methods**
 - ▣ **Steward/Developer:** Mathematica Policy Research/Health and Human Services Office of Population Affairs
 - ▣ **Description:** 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, or ring) method of contraception.
 - ▣ **Target Population:** Women
 - ▣ **Care Setting:** Other
 - ▣ **Level of Analysis:** Facility, Health Plan, Clinician: Group/Practice, Population: Regional and State



#3699e Related Measure

- **#2904 Contraceptive Care - Access to LARC**
 - ▣ **Steward/Developer:** Health and Human Services Office of Population Affairs
 - ▣ **Description:** 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)).
 - ▣ **Target Population:** Women, Children
 - ▣ **Care Setting:** Other
 - ▣ **Level of Analysis:** Facility, Health Plan, Clinician: Group/Practice, Population: Regional and State



#3699e Related Measure

- **#3543 Person-Centered Contraceptive Counseling**
 - ▣ **Steward/Developer:** University of California, San Francisco
 - ▣ **Description:** The PCCC is a four-item patient-reported outcome performance measure (PRO-PM) designed to assess the patient-centeredness of contraceptive counseling at the individual clinician/provider and facility levels of analysis. Patient-centeredness is an important component in all areas of health care and is uniquely critical in the personal and intimate process of contraceptive decision-making.
 - ▣ **Target Population:** Not specified
 - ▣ **Care Setting:** Outpatient Services
 - ▣ **Level of Analysis:** Facility, Clinician: Individual



#3699e Related Measures Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

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 Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



Activities and Timeline – Spring 2022 Cycle

*All times ET

Meeting	Date, Time*
Measure Evaluation Web Meeting #2 (remove if not needed)	July 8, 2022, 10:00AM-1:00PM
Draft Report Comment Period	August 15- September 13, 2022
Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD



Project Contact Info

- Email: perinatal@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <http://www.qualityforum.org/Perinatal>
- SharePoint site:
<https://share.qualityforum.org/portfolio/Perinatal/SitePages/Home.aspx>

Questions?

THANK YOU.

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