NATIONAL QUALITY FORUM
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Meeting Summary

Perinatal and Women's Health Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Perinatal and Women's Health Standing Committee for a web meeting on June 26, 2020, to evaluate six measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and other participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members introduced themselves and disclosed any conflicts of interests. Matt Austin was recused from voting on reliability and validity for NQF #0716, which he had evaluated as a member of the Scientific Methods Panel. No other members had a conflict for any of the measures.

Because some Committee members were unable to attend the beginning of the meeting, quorum required for voting was not achieved for the first measure. Therefore, the Committee discussed all relevant criteria and quorum votes were captured after the meeting using an online voting tool. Before discussion of the second measure began, additional Committee members arrived and introduced themselves and disclosed any conflicts. Quorum was achieved and maintained for the remainder of the meeting such that live voting was able to take place. The vote totals reflect Committee members present and eligible to vote.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area; there are currently 16 measures in the Perinatal and Women's Health Committee's portfolio. Additionally, NQF staff reviewed the Consensus Development Process and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Perinatal and Women's Health Standing Committee evaluated six measures for endorsement maintenance. A summary of the Committee's recommendations will be compiled and provided in the draft technical report. NQF will post the draft technical report on August 3, 2020, for public comment on the NQF website for 30 calendar days.

0469 PC-01 Elective Delivery (The Joint Commission)

Measure Steward/Developer Representatives at the Meeting

Susan Yendro, JohnMarc Alban, Mia Nievera, Yanyan Hu, Stephen Schmaltz

Standing Committee Votes

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

- Evidence: H-9; M-8; L-0; I-0
- Performance Gap: H-5; M-12; L-0; I-0

- Reliability: H-5; M-12; L-0; I-0
- Validity: H-3; M-13; L-1; I-0
- Feasibility: H-5; M-12; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-8; M-9; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-17; No-0

The Standing Committee recommended NQF #0469 for continued endorsement.

Originally endorsed in 2008, and most recently reviewed for maintenance endorsement in 2016, this facility-level, process measure assesses the percentage of patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks gestation completed. The Standing Committee recommended the measure for continued endorsement. Committee members agreed this is an important area of measurement due to the negative impacts of elective deliveries when they are not medically indicated. Concerning the evidence criterion, the Committee determined that the evidence submitted supports the measure and demonstrates that elective deliveries prior to 39 weeks gestation without medical indication are not beneficial. The Committee suggested that evidence from the ARRIVE trial be included in the evidence section because it points to the safety of induction after 39 weeks gestation. With respect to performance gap, the Committee expressed some concern that measure performance may be topped out. Ultimately, Committee members agreed that although the performance gap is narrowing, there is still utility in continuing to report results from this measure, especially given all facilities do not have capacity to report the matching electronic clinical quality measure (eCQM), NQF #0469e. Committee members were satisfied with the reliability testing for the measure.

Regarding validity testing, the Committee agreed that the magnitude and direction of the construct validity testing was acceptable. The measure was regarded as feasible by Committee members, and they did not express concerns with use and usability. The Committee observed that there are no related and competing measures to discuss for this measure, but the measure is aligned with the electronic version of this measure, NQF #0469e.

0469e PC-01 Elective Delivery e (The Joint Commission)

This is the eCQM correlate to NQF #0469.

Measure Steward/Developer Representatives at the Meeting

Susan Yendro, Marilyn Parenzan, JohnMarc Alban, Mia Nievera, Yanyan Hu, Stephen Schmaltz

Standing Committee Votes

- Evidence: H-3; M-13; L-0; I-0
- Performance Gap: H-9; M-7; L-0; I-0
- Reliability: H-1; M-10; L-4; I-2
- Validity: H-2; M-12; L-2; I-0
- Feasibility: H-9; M-7; L-0; I-0
- Use: Pass-16; No Pass-0

- Usability: H-2; M-10; L-3; I-2

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended the NQF #0469e for continued endorsement.

Originally endorsed in 2008, and most recently reviewed for maintenance endorsement in 2016, this facility-level, process measure assesses the percentage of patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks gestation completed. The Standing Committee recommended the measure for continued endorsement. The Committee agreed this is an important area of measurement and there is a performance gap. The Committee discussed concerns about all necessary electronic data elements being accurately captured by the measure but noted that the data elements in question did not appear to be critical. The Committee passed the measure on scientific acceptability, including reliability and validity. The measure was regarded as feasible by the Committee, with no concerns expressed. In its discussions related to usability and use, the Committee noted that the measure is not yet publicly reported. The Committee also noted improvement over time, with no significant unintended consequences, and passed the measure on use and usability. The Committee observed that there are no related and competing measures to discuss for this measure, but the measure is aligned with the "paper" version of this measure, NQF #0469.

0480e PC-05 Exclusive Breast Milk Feeding e (The Joint Commission)

This is the eCQM correlate to NQF #0480.

Measure Steward/Developer Representatives at the Meeting

Susan Yendro, JohnMarc Alban, Mia Nievera, Yanyan Hu, Stephen Schmaltz

Standing Committee Votes

- Evidence: H-1; M-14; L-2; I-0
- Performance Gap: H-9; M-7; L-0; I-0
- Reliability: H-0; M-15; L-1; I-1
- Validity: H-3; M-10; L-3; I-1
- Feasibility: H-7; M-9; L-1; I-0
- Use: Pass-17; No Pass-1
- Usability: H-2; M-14; L-2; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-2

The Standing Committee recommended the measure for continued endorsement.

Originally endorsed in 2008, and most recently reviewed for endorsement maintenance in 2016, the measure focuses on exclusive breastmilk feeding of infants in a facility. The Standing Committee recommended the measure for continued endorsement. The Committee agreed that this is an important area of measurement and discussed that facilities are not expected to achieve 100% as a maximum value. Per the developer, facilities are expected to achieve a 70% rate, as this accounts for individuals who do not wish to exclusively breastfeed or who are unable to do so. Concerning the evidence criterion, the Committee agreed that the evidence supports the benefits of exclusive breastmilk feeding. The Committee noted, however, that the measure specifications do not distinguish between mother's breast milk and donor breast milk. Given this, the Committee expressed concern that

the measure may incentivize the use of donor breastmilk for healthy infants and thereby reduce the availability of donor breastmilk for vulnerable populations. One Committee member cited a publication in this regard.

The Committee noted that while there is evidence for the use of donor breast milk in preterm infants, there has been no evidence of benefits of donor breast milk in term infants. The Committee asked the developer to further examine this issue for the next review. The Committee observed that there is a performance gap that warrants continued endorsement. Regarding validity and reliability, the developer conducted validity testing at the data element level. Per NQF guidelines, this approach may be used to demonstrate reliability. The Committee voted to pass the measure on validity, and accordingly, the measure passed on reliability. The measure was regarded as feasible by Committee members, although some stated they have found it relatively burdensome. In their discussions related to usability and use, Committee members noted that the measure is publicly reported. Although some concerns were expressed about unintended harms to patient autonomy and donor breast milk reserves, the Committee agreed these harms require more investigation by the developer to identify their impact on the measure specifications. The Committee passed the measure on use and usability. The Committee noted there are no related and competing measures to discuss, but the measure is aligned with the "paper" version of this measure, NQF #0480.

0480 PC-05 Exclusive Breast Milk Feeding (The Joint Commission)

Measure Steward/Developer Representatives at the Meeting

Susan Yendro, JohnMarc Alban, Mia Nievera, Yanyan Hu, Stephen Schmaltz

Standing Committee Votes

- Evidence: The Committee agreed to carry-over the results of the vote on #0480e since the evidence is the same.
- Performance Gap: H-8; M-8; L-0; I-0
- Reliability: H-7; M-8; L-1; I-0
- Validity: H-5; M-8; L-3; I-0
- Feasibility: H-1; M-14; L-1; I-0
- Use: Pass-16; No Pass-0
- Usability: H-0; M-15; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-15; No-1

The Standing Committee recommended the measure for continued endorsement.

Originally endorsed in 2008, and most recently reviewed for endorsement maintenance in 2016, this measure also concerns exclusive breastmilk feeding of infants in a facility. And so, Committee concerns related to patient autonomy and donor milk brought up during the discussion of NQF #0480e also apply. The Standing Committee recommended the measure for continued endorsement. The Committee agreed that this is an important area of measurement. Concerning the evidence criterion, it determined that the vote from the prior measure could carry over, given that the submitted evidence is the same. The Committee observed that a performance gap exists and did not express any concerns. The Committee also expressed no concerns related to reliability and validity, but did discuss whether the term of the newborn should be included in the denominator. It agreed that only term newborns should

be included in the denominator to avoid variability due to neonatal intensive care unit admissions or other complications that prevent oral intake of nutrition. The measure was regarded as feasible by the Committee with no concerns. In its discussions related to usability and use, the Committee noted that the measure is publicly reported as part of the Joint Commission's Accreditation Program and the CMS Hospital Inpatient Quality Reporting Program. The Committee also noted improvement over time and no significant unintended consequences; the Committee passed the measure on use and usability. The Committee observed that there are no related and competing measures to discuss for this measure, but the measure is aligned with the electronic version of this measure, NQF #0480e.

0471 PC-02 Cesarean birth (The Joint Commission)

Measure Steward/Developer Representatives at the Meeting

Susan Yendro, JohnMarc Alban, Mia Nievera, Yanyan Hu, Stephen Schmaltz

Standing Committee Votes

- Evidence: Pass-16; No Pass-0
- Performance Gap: H-9; M-7; L-0; I-0
- Reliability: H-4; M-12; L-0; I-0
- Validity: H-4; M-12; L-0; I-0
- Feasibility: H-2 M-14; L-0; I-0
- Use: Pass-16; No Pass-0
- Usability: H-3; M-14 L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-0

The Standing Committee recommended the measure for continued endorsement.

Originally endorsed in 2008, and most recently reviewed for endorsement maintenance in 2016, the measure captures the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. The Standing Committee recommended the measure for continued endorsement. The Committee agreed that this is an important area of measurement. Concerning the evidence criterion, the Committee determined there continues to be evidence to support the measure. The Committee observed that there is a performance gap and did not express any concerns. It did not express any concerns related to reliability and validity. However, one Committee member noted that occasionally this measure will capture some effects of care provided outside of a hospital when home births end up being sent to a hospital during labor due to an issue prior to admission. The measure was regarded as feasible by the Committee, with no concerns expressed. In discussions related to usability and use, it recognized that the measure will be publicly reported in The Joint Commission's Quality Check program in January 2021, with the delay due to COVID-19. The Committee also noted that the developer is hoping to include this measure in future continuing customer engagement endeavors to improve usability. The Committee observed that there are no related and competing measures to discuss for this measure.

0716 Unexpected Complications in Term Newborns (California Maternal Quality Care Collaborative)

Measure Steward/Developer Representatives at the Meeting

Elliott Main

Standing Committee Votes

- Evidence: Pass-15; No Pass-2
- Performance Gap: H-5; M-11; L-1; I-0
- Reliability: Yes-14; No-2
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for reliability: High (H-5; M-3; L-0; I-1)
    - The Committee accepted the NQF Scientific Methods Panel's rating.
- Validity: Yes-15; No-1
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The NQF Scientific Methods Panel's rating for reliability: Moderate (H-3; M-4; L-1; I-1)
    - The Committee accepted the NQF Scientific Methods Panel's rating.
- Feasibility: H-1; M-15; L-1; I-0
- Use: Pass-16; No Pass-1
- Usability: H-6; M-10; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-16; No-1

The Standing Committee recommended the measure for continued endorsement.

Originally endorsed in 2008, and most recently reviewed for endorsement maintenance in 2016, this measure captures the number of unexpected complications in newborns. The Committee agreed that this is an important area of measurement and serves as a balancing measure for NQF 0471, PC-02 Cesarean birth. Concerning the evidence criterion, the Committee determined that there continues to be actions providers can take to influence outcomes and improve performance on this measure. The Committee observed that there is a performance gap and did not express any concerns. Regarding scientific acceptability, the Committee expressed some concern related to the accuracy of the length of stay, given that some healthy term newborns may have an increased stay due to their mother's illness, rather than their own complications. The Committee decided that the measure's separation into moderate and severe newborn complications addresses this issue by ensuring that only major neonatal complications are captured. After some discussion, the Committee agreed the measure was reliable and valid and accepted the Scientific Methods Panel's (SMP) rating of High and Moderate, respectively for both criteria. The measure was regarded as feasible by the Committee with no concerns expressed. In its discussions related to usability and use, the Committee noted that there have been improvements in care that impact the measure score. It noted improvement over time in performance and no significant unintended consequences. The Committee also observed that there are no related and competing measures to discuss for this measure.

Public Comment

NQF received one comment prior to the measure evaluation meeting during the pre-evaluating commenting period, which ran from May 1 to June 12, 2019. The Federation of American Hospitals

commented that it was concerned about the validity of measure #0469e, given kappa scores for two of the data elements used in calculating the measure. No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on August 5, 2020, for public comment for 30 calendar days. The continuous public comment with member support will close on September 3, 2020. NQF will reconvene the Standing Committee for the post-comment web meeting on September 18, 2020