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 February 7, 2020, to evaluate one measure.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting and the Committee co-chairs provided brief welcoming remarks. NQF staff reviewed the meeting objectives. NQF Chief of Staff, Apryl Clark, conducted a roll call, during which Committee members each introduced themselves and were asked to disclose any conflicts of interest; no conflicts were disclosed.

Overview of Evaluation Process

NQF staff provided a brief overview of NQF's work, the steps in the Consensus Development Process (CDP), the measure evaluation criteria, and the voting process. NQF also summarized the two measures submitted during this cycle, one of which did not pass the Scientific Methods Panel (SMP) and returned to the developer for additional work.

Measure Evaluation

During the meeting, the Perinatal and Women's Health Standing Committee evaluated one measure for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 18, 2020, for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

The Committee lost quorum shortly prior to the vote for performance gap. After this point, the Committee continued to discuss the measure and Committee members attending the call were asked to vote via SurveyMonkey, for which a link was sent out; no results were announced. Committee members on the call were informed that those who left early or did not attend would be sent the meeting recording and transcript and be asked to review those prior to their voting via survey. The voting was closed on Tuesday, February 11, 2020.

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

3543 Patient-Centered Contraceptive Counseling (PCCC) measure (UCSF)

Measure Steward/Developer Representatives at the Meeting

Christine Dehlendorf, Ilana Silverstein, Katie Giessler

Standing Committee Votes

- Evidence: Pass-14; No Pass-2
- Performance Gap: H-10; M-7; L-2; I-0
- Reliability: H-13; M-6; L-0; I-0

    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel voted the measure as High (H-5; M-1; L-0; I-0).

- Validity: H-12; M-7; L-0; I-0
    - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. The Methods Panel voted the measure as High (H-5; M-1; L-0; I-0).
- Feasibility: H-5; M-10; L-2; I-0
- Use: Pass-18; No Pass-1
- Usability: H-7; M-12; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-18; No-1

The Standing Committee recommended the measure for NQF endorsement. The discussion *of 3543 Patient Centered Contraceptive Counseling (PCCC)* began with a brief presentation from the developer summarizing its motivation for developing the measure, including that this new measure would be a "balancing measure" to contraceptive care measures already in the NQF portfolio and because it is important to measure experience and quality of care for ethical reasons. Specifically, the new measure was developed as a balancing measure for *2903 Contraceptive Care – Most & Moderately Effective Methods* and *2904 Contraceptive Care - Access to LARC*, in part to address concerns raised by this Committee regarding the potential for provider coercion on method selection. The developer provided a high-level overview of its testing process and some of the key strengths of the measure, and noted that it is now working on implementation with the National Association of Community Health Centers, as well as other organizations.

The Committee began its discussion by noting this is a new patient reported outcome measure assessing a patient's experience with contraceptive counseling, using four items rated on a 5-point Likert scale. The developer noted, in response to questions, that the measure is focused on the experience of the counseling provided, not whether all methods are available or all aspects of the quality of care. The Committee agreed there are things a facility can do to change the outcomes and the measure passed Evidence (Pass-14; No Pass-2).

The Committee agreed there is a gap in care and the measure passed the Performance Gap criterion.

The measure was reviewed by the NQF Scientific Methods Panel and received a high rating for both Reliability and Validity. During its discussion on scientific acceptability, the Committee raised some concerns about the survey only being available in English and Spanish, as well as potential barriers for patients with limited literacy levels. Committee members also noted concerns with inaccurate data collection for race and ethnicity data, but agreed this issue is not specific to this measure. Committee members had a number of questions for the developer, regarding patient selection for who participates in the measure; the ability to monitor for literacy, or cultural, or religious factors that could influence either a patient's experience or her decision on contraception; languages the survey is available in; what types of counseling would flag someone for inclusion in the measure; how patients are pulled to receive the survey; and applicability of this survey (and overlap with other surveys) when contraceptive counseling was only a part of the clinical encounter. With regard to the last issue, it was noted that the measure was tested primarily at facilities with a contraceptive care focus.

In response to these issues, the developer noted that it focused on making sure the measure could be used by a variety of patients and that it centers on the fact that people have different values by focusing on how the patient experienced the care and whether it was the kind of care she wanted. The developer

explained the survey used in the measure is available in English and Spanish and it is working on providing additional languages, but facilities cannot use telephone-based translation services for it as the survey needs to use standardized language. The developer also spoke to confidentiality and exclusion concerns by explaining some of the details around implementation, including patient recruitment and feasibility of various implementation methods for the facility using the measure; it noted the validity of both written (paper) and electronic surveys. The developer did explain that 100% of patients who receive contraceptive counseling will not be included, but its testing demonstrates that there are no systematic exclusions and the measure can be implemented in non-family planning sites; it also noted that patients can be included whether they are starting new contraception from scratch, continuing with the same method, or changing methods. Committee members noted answers may change based on when the survey is given (at the end of the visit, or later via email, mail, or text), and the developer explained that during the validity testing it found that it was not feasible for sites to implement an after-visit survey, so it transitioned to the same-day survey, with additional safeguards in place to ensure confidentiality of responses. Further, the developer noted that while more positive responses are expected from same-day responses, it did still find there is variability in performance and room for improvement, which further speaks to the need for the measure. The Committee agreed the measure met both the Reliability and Validity criteria.

During the feasibility discussion, the Committee flagged some concerns with the consistency of data entry and potential challenges with uploading data into an electronic medical record. Committee members discussed general challenges for facilities in defining the denominator population for measures, and the developer noted that it had favored sensitivity as opposed to specificity, since patients can be filtered out later if they do not fit the denominator; the developer noted an implementation manual exists and is revised on an ongoing basis. Committee members also raised some concerns that the survey used in this measure may be somewhat duplicative of other patient satisfaction surveys used in clinics, which could be confusing for patients, but the developer noted that contraceptive counseling is a unique aspect of care and the patient stakeholders strongly identified it as an important area to measure with specific differences from the more general patient experience measures (e.g., Consumer Assessment of Healthcare Providers and Systems). The developer responded to questions and discussed different methods clinics can use to implement the measure, which could eventually include delivery via patient portals, flagging patients with ICD-10 or CPT codes, etc., and discussed the experience of the Oregon Health Authority, which has implemented the measure. Ultimately the Committee passed the measure on Feasibility.

During the Use and Usability discussion, Committee members agreed that the questions and the survey tool seem reasonable and would not cause any harm to patients, nor would it cause undue burden; however, they noted that a place for patients to express concerns would be useful. In response to questions, NQF staff clarified that the measure should be usable by some or many healthcare systems, but does not need to be usable by all healthcare systems to pass this criteria. The Committee agreed that while there are limited data on the usability, for a new measure, this is acceptable, and there are credible plans for use. Ultimately the Committee voted that the measure met the Use and Usability criteria.

The Committee agreed there are no competing measures and that this measure would act as a balancing measure for 2903 and 2904, as previously discussed.

To close out the call, NQF staff reiterated the process of voting via survey and briefly reviewed each of the questions in the survey (one for each of the criteria) to ensure the Committee felt adequately prepared to complete it.

Public Comment

For this evaluation cycle, the commenting period opened on December 5, 2019 and will close on April 16, 2020. As of January 31, 2020, no public or NQF member comments or member expressions of support were provided. No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 18, 2020, for public comment for 30 calendar days. The continuous public comment with member support will close on April 16, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on May 8, 2020.