



Perinatal and Women's Health Standing Committee Fall 2020 Post-Comment Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Perinatal and Women's Health Standing Committee on June 2, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chelsea Lynch, NQF director, welcomed participants to the web meeting, provided an overview of the meeting objectives, and conducted the Standing Committee roll call. While quorum was not required for this call as no voting was performed, a sufficient number of Standing Committee members were present during the meeting to hold the call (50 percent of the 25-person Standing Committee, 13 members).

Discussion of Comments Received

Ms. Lynch reviewed the measure that was recommended for endorsement by the Standing Committee during the fall 2020 evaluation cycle: #0470 *Incidence of Episiotomy*. This is a process measure that provides the percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed. During the Perinatal and Women's Health measure evaluation meeting on February 12, 2021, the Standing Committee voted to recommend the measure for overall endorsement.

NQF received four comments on the draft report from three members of the public during the 30-day commenting period. Three comments were supportive of the measure, and one comment was a developer clarification on measure testing done prior to submission. These comments addressed the following themes:

- Recommendations for measure updates/modifications, including no appropriate clinical situation that would warrant an episiotomy
- Performance rates stratified by episiotomy indication and episiotomy and vaginal delivery types
- Eliminating mediolateral and midline episiotomy coding gaps

Ms. Lynch summarized the comments within their respective themes. The comment from the developer clarified that a code, MS-DRG 806, was mistakenly left out of the text in the denominator details but that all data and statistical analyses in the submission correctly included this code. The three other commenters supported the measure and urged for the restricted use of episiotomies unless clinically warranted. Future measure modifications recommended by two commenters included the addition of the indication for episiotomy as well as episiotomy and vaginal delivery types. Additionally, some commenters noted that the American Medical Association's (AMA) Current Procedural Terminology (CPT®) and the World Health Organization's (WHO) International Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) currently do not include specific codes to differentiate midline or mediolateral episiotomies.

Ms. Lynch then opened the floor to the Standing Committee for discussion. The Standing Committee agreed that although the practice of routinely performing episiotomies continues to decrease nationally,

adding these additional coding details could assist in identifying performance gaps and when episiotomy may be appropriate; therefore, they should be included in the measure numerator. They also noted that it would be beneficial if coding structures allowed for a differentiation between mediolateral versus midline episiotomy procedures, particularly to track morbidities by episiotomy type.

The developer was given an opportunity to provide a summary of its responses to the comments submitted. The developer agreed that having the ability to differentiate between episiotomy types would be beneficial; however, the ability does not exist in current coding systems, and the known data supporting the use of mediolateral episiotomies show mixed findings. The developer was not aware whether the ICD, 11th Revision (ICD-11) differentiates between episiotomy types, although it reported preliminarily collaborating with the Council of Women's and Infants' Specialty Hospitals (CWISH) Foundation to identify pathways to improve coding. The developer stated that it supports adding the codes for ICD-10 and ICD-11 and will begin investigating the process. After the comments and themes were discussed, the Standing Committee expressed continued support for the measure.

Public Comment

Ms. Lynch opened the web meeting to allow for public comment. Elizabeth Rochin from the National Perinatal Information Center thanked the Standing Committee for their contributions to measure development, as developers are always looking to improve on measures. The Standing Committee expressed appreciation for those who contributed to the public comments as well.

Wrap Up/Next Steps

Hannah Ingber, NQF senior analyst, reviewed the next steps. The Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's endorsement recommendation during its meetings on June 29-30, 2021. The Appeals period will run from July 7–August 5, 2021. Ms. Lynch reminded the Standing Committee of the upcoming spring 2021 measure review cycle. NQF will send preliminary analyses of the four measures in the coming weeks.