



Perinatal and Women's Health Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting of the Perinatal and Women's Health Standing Committee on June 20, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Kate Buchanan, senior project manager, NQF, welcomed participants to the web meeting. Ms. Buchanan made opening remarks and reviewed the following meeting objectives:

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

Engage in a Prioritization Exercise of Measures within the Committee Portfolio

Ms. Buchanan provided background on NQF's prioritization initiative. In July 2016, NQF began implementing a three-year strategic plan, with the goal of ensuring that healthcare providers, patients, and payers have access to high-value, comparable measures that enhance the quality, safety, and affordability of care. To drive a meaningful dialogue at the national level, NQF has promulgated a set of prioritization criteria and a hierarchical framework that highlight the most significant measures and gaps. Together, they contribute to the identification and creation of a set of measures that are most likely to motivate improvement. The current measure prioritization criteria are based on an environmental scan of prioritization efforts across the United States and the world.

The four criteria are equally weighted in a measure's prioritization score:

- Outcome-focused (25 percent)
 - Outcome measures and measures with strong link to improved outcomes and costs
- Improvable (25 percent)
 - Measures with demonstrated need for improvement and evidence-based strategies for doing so
- Meaningful to patients and caregivers (25 percent)
 - Person-centered measures with meaningful and understandable results for patients and caregivers
- Support systemic and integrated view of care (25 percent)
 - Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

Committee members reviewed the prioritization scores for measures in the Perinatal and Women's Health Committee portfolio. Several themes emerged from the discussion:

- **Importance of capturing population health** – The Committee noted that process measures that have a high volume and life course implications; for example, NQF 0480/0480e *PC-05 Exclusive Breast Milk Feeding* are ranked lower as compared with low volume, outcome measures such as NQF 0478 *Neonatal Blood Stream Infection (NQI 03)* because of the heavy focus on outcome measures in the scoring rubric. Although the Committee agrees that outcome measures tied to adverse events like mortality are important, it encouraged NQF to consider giving greater scoring weight to process measures that are high impact due to the measures' life course implications (e.g., prevention of "x" downstream or potential downstream benefits).
- **Improvable criteria variance** – A Committee member discussed the lack of variance for the improvability scores among measures in the portfolio. Since the lack of variance does not aid in differentiating measure scores, the member recommended a more nuanced scoring rubric for the item.
- **Importance of capturing disparities within measures** – The Committee supported NQF's next phase of the project, which will focus on disparities. It noted that for measures such as NQF 1382 *Percentage of Low Birthweight Births*, there are disparities in performance by race and that these disparities should be reflected in a higher prioritization score.
- **Meaningful to patients/caregivers scoring rubric** – The Committee believes that the scoring rubric used to assess the meaningful to patients/caregivers criterion does not adequately reflect the concept and recommends either changing the scoring rubric or revising the category name.
- **Systemic view of care** – The Committee disagreed with the scoring rubric for systemic view of care, since it does not capture the impact within systems that many measures within the portfolio have. For instance, although NQF 0471 *PC-02 Cesarean Birth* is only specified for the hospital setting, but the health plan, hospitals, providers, and patients all affect performance on the measure. Further, the perinatal period is a long episode of care involving various settings and teams, even if the specifications address only one aspect. The Committee noted that, moving forward, episodes of care payment or maternity care home payment structures could use numerous measures within the portfolio that, when measured together, would have a system-wide impact and the rubric should account for this type of care.
- **Purpose of prioritization initiative** – The Committee encouraged NQF to clarify the audience for the prioritization initiative since it noted that these priorities may be national but may not reflect the priorities at the local level or within individual institutions. Further, the Committee encouraged NQF to clarify that the prioritization score will not be used in measure reduction within portfolios nor become an endorsement criterion.

- **Interrater reliability of scoring** – The Committee hypothesized that the scoring of the measures based on the current rubric would vary based on whether a subject matter expert completed the scoring and believed Committee members should conduct the exercise.

Update from University of California San Francisco (UCSF) on Contraceptive Care PRO-PM Development

Danielle Hessler Jones, PhD, and Edith Fox, MPH, of the Program in Woman-Centered Contraception within the Department of Family and Community Medicine at UCSF provided an update on testing its patient-reported outcome performance measure (PRO-PM) for contraceptive counseling. Previously, UCSF presented to the Committee on the development of the measure. The PRO-PM arose from concern that contraceptive provision performance measures could incentivize non-patient centered counseling towards specific contraceptive methods. The goal of the measure is to create a PRO-PM that may be used to measure the client-centeredness of contraceptive counseling delivered by providers.

The measure is a four-item survey, as follows:

- Respecting me as a person
- Letting me say what mattered to me about my birth control method
- Taking my preferences about my birth control seriously
- Giving me enough information to make the best decision about my birth control method

Following confirmation of face validity with patients, providers, and administrators, UCSF began working with clinical partners across the United States to test use of the PRO-PM with patients. Currently, UCSF is testing the measure at seven sites, with four additional sites planning to participate. The goal is to test the measure in 10-12 sites across the country and receive 5,000 responses. The testing is ongoing, with a target completion of spring 2019.

UCSF detailed its patient identification and data collection mode methodologies. There are three methods that UCSF uses to identify participants: in-person identification by staff, an electronic health record (EHR) algorithm identification, and intervals of both in-person and EHR identification. UCSF has deployed four modes for data collection: in-clinic computer, tablet, or kiosk; in-clinic paper; text message link; and email link. To date, the researchers noted that clinics have a preference for in-person identification, as well as hard copy, in-clinic paper surveys. There is variety of testing sites, including family planning-specific sites, Planned Parenthood offices, local health departments, Federally Qualified Health Centers, a managed care organization, and others.

UCSF's next steps are to continue data collection and onboarding sites, as well as to develop an approach for locations interested in using this PRO-PM in conjunction with NQF-endorsed measures related to the provision of contraceptive services.

The Committee had several questions about the measure testing. One Committee member inquired about how the in-clinic paper surveys were collected and if there was any response loss with the method. UCSF replied that it provides the clinics with pre-addressed envelopes and

that the participant seals the completed survey in the envelope for return to UCSF, so clinic staff does not process it. UCSF is currently looking for missing surveys, but so far has not noticed any major issues.

Another Committee member noted that it is challenging to turn a survey such as this into a system-wide quality measure, including the ability to accurately identify a visit where contraceptive counseling occurred and recommending adequate next steps that the system should take to improve scores. UCSF replied that the measure is specified for the provider level, but it hopes to receive enough responses that it is able to assess reliability and validity at the site level. In future iterations of its work, UCSF plans to include next steps in the implementation guide for sites. With regards to the identification of patients, UCSF developed, and is currently refining, an EHR algorithm that captures coding practices that involve contraceptive counseling. Currently the algorithm has an 80 percent sensitivity rate for sites using it. Sites that conduct on-site identification use chart flags to identify patients. UCSF believes that its work with Kaiser Colorado will be an opportunity to look at the systematization of the measure.

Lastly, a Committee member asked if there were other areas of contraceptive care that are important to women to measure. Throughout the measure development process, UCSF continually inquired among health administrators, as well as women who would be represented by the survey, as to what is missing. To date, there has not been consistency on missing areas for measurement.

Public Comment

Ms. Buchanan opened the web meeting to allow for public comment. No public comments were received.

Next Steps

This concludes the spring 2018 measure review cycle. The deadline for intent to submit measures for the fall 2018 cycle is August 1 and all measures must be submitted by November 8. If the Committee does not receive any measures in the fall 2018 cycle, it will hold two web meetings to engage in strategic discussion. NQF staff will be in touch about scheduling later in the summer.