NATIONAL QUALITY FORUM
Driving measurable health improvements together

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 July 6, 2022 to evaluate four measures for the spring 2022 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Tamara Funk, NQF director, welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. One Standing Committee member disclosed a conflict with NQF #3687e, which led to their recusal from the discussion of that measure. Erin Buchanan, NQF senior manager, then reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Due to the above-mentioned recusal, quorum of 14 was met and maintained through the review of reliability on NQF #3687e. Quorum was lost during the discussion of validity on NQF #3687e. All other measures required a quorum of 15 members as there were no additional recusals. Therefore, the Standing Committee discussed all remaining criteria for measures NQF #0471e, #3682e, and #3699e and voted after the meeting using an online voting tool. Voting results are provided below. The Standing Committee was not able to discuss related and competing during the meeting and the discussion will occur during the post-comment meeting.

Measure Evaluation

During the meeting, the Perinatal and Women's Health Standing Committee evaluated four new measures for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass, High and Moderate, Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not revote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measures based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will revote on criteria that did not reach consensus and potentially on overall suitability for endorsement during the post-comment web meeting.

Voting Legend:

- *Evidence (Outcome Measures) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating, Approval for Trial Use, and Overall Suitability for Endorsement*: Yes/No
- *All Other Criterion:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable
- *Maintenance Criteria Where Standing Committee Decided Additional Discussion/Vote Was Not Needed (Evidence, Reliability, Validity only):* Accepted Previous Evaluation

NQF #3687e ePC-07 Severe Obstetric Complications (Joint Commission)

Description: 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. **Measure Type**: Outcome; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Electronic Health Data; Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

- Chris Walas
- Elliott Main
- Katie Balestracci
- Valerie Danilack

Standing Committee Votes

- **Evidence**: Total Votes-14; Pass-14; No Pass-0 (14/14 – 100%, Pass)
- **Performance Gap**: Total Votes-14; H-9; M-4; L-1; I-0 (13/14 – 92%, Pass)
- **Reliability**: Total Votes-14; Yes-14; No-0 (14/14 – 100%, Pass)
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee accepted the SMP's rating for Reliability: Moderate (Total Votes-10; H-4; M-5; L-1; I-0).
- **Validity**: Total Votes-14; H-3; M-8; L-3; I-0 (11/14 – 79%, Pass)
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee did not vote whether or not to accept the SMP's rating for Validity because quorum was lost for live voting: Moderate (Total Votes-10; H-2; M-6; L-0; I-2) and voted on the measure.
- **Feasibility**: Total Votes-14; H-3; M-10; L-1; I-0 (13/14 – 93%, Pass)
- **Use**: Total Votes-14; Pass-12; No Pass-2 (12/14 – 86%, Pass)
- **Usability**: Total Votes-14; H-5; M-7; L-2; I-0 (12/14 – 86%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-14; Yes-9; No-5 (9/14 – 64%, Pass)

The Standing Committee did not reach consensus on the recommendation for endorsement at the meeting. The Standing Committee will revote on the measure's overall suitability for endorsement during the post-comment web meeting in fall 2022.

This facility-level measure was newly submitted for endorsement. It is publicly reported as part of ORYX Performance Measure Reporting and is used in the Critical Access Hospital Accreditation Program, implemented by the Joint Commission.

The Standing Committee members agreed that the evidence shows a link between meaningful intervention on measured processes and improvements to the outcome of severe obstetric complications. The Standing Committee noted that there are substantial gaps as well as disparities in severe obstetric complication rates. The Standing Committee voted to pass the measure on evidence and performance gap.

This measure was reviewed in advance of the meeting by the NQF Scientific Methods Panel (SMP). The SMP passed the measure on both reliability and validity. The Standing Committee raised concerns about reliability, stating that professional societies may define the same condition differently (e.g., acute renal failure) or facilities may code present on admission (POA) conditions differently, leading to variation in coding. The developer confirmed POA coding to be reliable during testing, and also outlined an education outreach plan to improve coding as the measure is used more. The Standing Committee determined that both the current specifications and the testing submitted show the measure is reliable and voted to accept the SMP's rating of moderate for reliability.

Regarding validity, some Standing Committee members raised concerns that the measure encompasses all severe obstetric complications, which could hamper quality improvement activities for specific conditions. The developer replied that the decision to combine complications into one measure improved the measure's ability to detect differences across hospitals by increasing the denominator. Patient feedback also showed a preference to see an overall score. The developer clarified that hospitals could use the value sets of this eCQM to break out their outcomes by condition for more detailed analysis. The Standing Committee also commented on a few opportunities for future improvements to the measure. First, the Standing Committee stressed that it will be important to see the measure as stratified by race and ethnicity in the future. The measure developer explained that the work of how to best stratify the measure is still being analyzed. The Standing Committee also noted that they would like to see the measure evolve so that hospitals can use it to analyze whether process improvement activities ameliorated any outcomes that are currently viewed as unpreventable, and to foster quality and process improvements to improve outcomes. Quorum was lost during the remainder of the meeting, so the Standing Committee did not vote on whether to accept the SMP's rating of moderate for validity. Instead, the Standing Committee voted after the meeting using an online survey and passed the measure on validity.

The Standing Committee questioned the feasibility of the timestamp data element and the developer clarified that it was removed from the measure because it was not essential for the measure logic. The Standing Committee then passed the measure on feasibility. The Standing Committee had no concerns with and passed the measure on use since the measure is publicly reported and is used for internal and external benchmarking. Many Standing Committee members expressed concerns with potential unintended consequences of the measure. While the measure's design eases the burden of reporting and aids comparability, it does not capture all morbidities and it may lead to a focus on improved coding, rather than improved quality of care, thereby shifting hospital resources in an inappropriate direction. Additionally, the combination of all severe obstetric complications into one measure may harm hospitals that specialize in and see a larger share of patients with certain conditions (e.g., maternal

congenital cardiac conditions). The Standing Committee members noted the developer's rationale for the combination of complications and their plan for ongoing monitoring of unintended consequences and educational outreach and ultimately decided to pass the measure on usability and overall suitability.

NQF #0471e ePC-02 Cesarean Birth (Joint Commission)

Description: This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth; **Measure Type**: Outcome; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Electronic Health Records; Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Chris Walas
- Elliott Main

Standing Committee Votes

- **Evidence**: Total Votes-15; Pass-15; No Pass-0 (15/15 – 100%, Pass)
- **Performance Gap**: Total Votes-15; H-9; M-6; L-0; I-0 (15/15 – 100%, Pass)
- **Reliability**: Total Votes-15; H-0; M-11; L-4; I-0 (11/15 – 73%, Pass)
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee did not vote whether to accept the SMP's rating for Reliability because the SMP did not come to consensus: Consensus Not Reached (Total Votes-9; H-0; M-4; L-3; I-2).
- **Validity**: Total Votes-15; H-0; M-13; L-2; I-0 (13/15 – 87%, Pass)
    - This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
    - The Standing Committee did not accept the SMP's rating for Validity because the SMP did not come to consensus: Consensus Not Reached (Total Votes-9; H-0; M-5; L-2; I-2) and voted on the measure.
- **Feasibility**: Total Votes-15; H-6; M-8; L-1; I-0 (14/15 – 93%, Pass)
- **Use**: Total Votes-15; Pass-15; No Pass-0 (15/15 – 100%, Pass)
- **Usability**: Total Votes-15; H-5; M-10; L-0; I-0 (15/15 – 100%, Pass)
- **Standing Committee Recommendation for Endorsement:** Total Votes-15; Yes-14; No-1 (14/15 – 93%, Pass)

The Standing Committee recommended the measure for initial endorsement.

This facility-level measure was newly submitted for endorsement. It is publicly reported as part of ORYX Performance Measure Reporting and is used in the Critical Access Hospital Accreditation Program, implemented by the Joint Commission.

The Standing Committee members agreed that the evidence for the measure was sound, and the data showed gaps in care and variation in practice rates, leading to variation in outcomes. The Standing Committee passed the measure on evidence and performance gap.

This measure was reviewed by the SMP in advance of the Standing Committee meeting. The SMP did not come to consensus on reliability or validity. The Standing Committee noted that the measure submission and SMP discussion noted an issue with the obstetrician documentation system used at one of the sites. However, the developer confirmed that after learning about the problem, the fields were made interoperable to account for the site's different documentation system so that data can be pulled from it. Other vendors having this issue will be able to use the same solution and the developer will address it in future webinars to ensure others know about this. The Standing Committee had no further concerns and passed the measure on reliability.

The Standing Committee raised questions about a number of conditions that would seemingly warrant exclusion, including umbilical cord prolapse, active herpes outbreak, placenta previa, and others. The measure developer confirmed that placenta previa is now excluded from the denominator in response to feedback, and that they are convening an expert panel to discuss the other exclusions mentioned. The Standing Committee passed the measure on validity.

The Standing Committee members had no concerns with feasibility or use and passed the measure on both criteria. Some members noted that the measure has been shown to be highly actionable, especially from a rural and urban perspective. The Standing Committee passed the measure on usability and overall suitability.

NQF #3682e SINC-Based Contraceptive Care, Postpartum (University of California, San Francisco)

Description: 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. **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Facility; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Christine Dehlendorf
- Rebecca Kriz
- Lindsey Gibson
- Sonja Goetsch-Avila
- Fei Dong
- Ella Puga
- Roshni Menon
- Jamie Kim

Standing Committee Votes

- **Evidence**: Total Votes-15; H-6; M-9; L-0; I-0 (15/15 – 100%, Pass)
- **Performance Gap**: Total Votes-15; H-5; M-10; L-0; I-0 (15/15 – 100%, Pass)
- **Specifications (Specific to Trial Use Measures)**: Total Votes-15; H-4; M-11; L-0; I-0 (15/15 – 100%, Pass)

- **Feasibility**: Total Votes-15; H-2; M-11; L-1; I-1 (13/15 – 87%, Pass)
- **Use**: Total Votes-15; Pass-14; No Pass-1 (14/15 – 93%, Pass)
- **Usability**: Total Votes-15; H-3; M-10; L-2; I-0 (13/15 – 87%, Pass)
- **Standing Committee Recommendation for Trial Use:** Total Votes-15; Yes-14; No-1 (14/15 – 93%, Pass)

The Standing Committee approved this measure for trial use.

This facility-level measure was newly submitted for approval for trial use. The measure is being tested for pilot implementation in the Innovating Contraceptive Care in Community Health Centers (ICC in CHCs) project.

The Standing Committee members agreed that existing clinical guidelines support the evidence for this measure and had no concerns and passed the measure on evidence. They likewise thought the submission showed a gap in care and passed the measure on performance gap.

NQF staff explained that as this measure is seeking approval for trial use, only the specifications are assessed and there is no information submitted on scientific acceptability at this time. The Standing Committee asked for clarification on the specifications, specifically the self-identified need for contraception (SINC) and the clinical care context in which that determination is made. The developer explained that using SINC reduces instances of coercive contraceptive practices or choices of reproductive care that change based on a woman's evolving needs. A Standing Committee member about the need for the addition of a SINC-code for electronic health records (EHRs) to capture this data in differing systems. The developer explained that they have optimized the specifications to minimize data collection burden. A few Standing Committee members noted the most recent Supreme Court ruling Dobbs v. Jackson has created concerns that the use of long-term contraceptives, such as intrauterine devices (IUD), may be tracked and used in legal cases. The Standing Committee expressed concern that this perception may discourage honest reporting of contraceptive use but agreed it was too early to determine the impact on the validity of the measure and encouraged the developer to consider the impact as the measure is tested. The Standing Committee passed the measure on specifications.

One Standing Committee member raised a question on reporting feasibility and the inclusion of the SINC measure in standard nomenclatures within EHRs to ensure reporting is feasible. In response, the developer stated that they are engaged on multiple fronts to improve feasibility. The developer is included in standard nomenclatures in the Logical Observation Identifiers Names and Codes (LOINC) system and is integrating it into the Systematically Organized Computer-Processable Collection of Medical Terms (SNOWMED) system as well. The team is also working with health center-controlled networks who support EHRs of federally qualified health centers (FQHCs) and other health systems. The developer explained that they found the SINC integration varies by EHR type.

The Standing Committee noted that the measure is not currently in use and asked whether measure users will be informed about their performance once it is. The developer stated that they plan to provide summary measure reports to participants through which they can also obtain more information around optimization of reporting. The Standing Committee had no further questions and passed the measure on use. The Standing Committee had no concerns around usability and passed the measure on this criterion and overall suitability for trial use.

NQF #3699e SINC-Based Contraceptive Care, Non-Postpartum (University of California, San Francisco)

Description: 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. **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Facility; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records; Electronic Health Data

Measure Steward/Developer Representatives at the Meeting

- Christine Dehlendorf

Standing Committee Votes

- **Evidence**: Total Votes-15; H-8; M-7; L-0; I-0 (15/15 – 100%, Pass)
- **Performance Gap**: Total Votes-15; H-4; M-11; L-0; I-0 (15/15 – 100%, Pass)
- **Reliability (Specifications)**: Total Votes-15; H-4; M-11; L-0; I-0 (15/15 – 100%, Pass)
- **Feasibility**: Total Votes-15; H-2; M-12; L-1; I-0 (14/15 – 93%, Pass)
- **Use**: Total Votes-15; Pass-14; No Pass-1 (14/15 – 93%, Pass)
- **Usability**: Total Votes-15; H-2; M-12; L-1; I-0 (14/15 – 93%, Pass)
- Standing Committee Recommendation for Trial Use: Total Votes-15; Yes-14; No-1 (14/15 – 93%, Pass)

The Standing Committee recommended the measure for trial use.

This facility-level measure was newly submitted for trial use. This measure is being tested for pilot implementation in the Innovating Contraceptive Care in Community Health Centers (ICC in CHCs) project.

This measure assesses the same quality of care, but in a slightly different population from measure NQF #3682e, discussed above. Measure #3699e focuses on non-postpartum patients, who require different levels of care for assessment of the desire for contraception. The information submitted for the measures does not differ greatly across applications and the Standing Committee focused their discussion on areas that differed, or to clarify additional questions. There were no concerns about the similar evidence presented and the Standing Committee acknowledged evidence of a continued opportunity for improvement to address gaps in care. The Standing Committee passed the measure on evidence and performance gap. Regarding specifications, the Standing Committee recognized that the developer's efforts to build redundancies into the specifications to account for differing EHR systems is appropriate and passed the measure on specifications. Regarding feasibility, no differences were noted, and the Standing Committee passed the measure on this criterion. The Standing Committee confirmed with the developer that measure users will be informed of their performance after submitting data, and while not currently in use, the measure has several planned uses. There were no additional concerns with usability and the Standing Committee passed the measure on both use and usability, as well as overall suitability for trial use.

Public Comment

Ms. Funk opened the lines for NQF member and public comments. No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

Sean Sullivan, NQF associate, shared next steps with the Standing Committee. NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on August 15, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on September 13, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting in the fall of 2022.