



## Perinatal and Women's Health Standing Committee — Topical Web Meeting

---

The National Quality Forum (NQF) convened the Perinatal and Women's Health Standing Committee for a web meeting on September 20, 2019, to discuss topics regarding perinatal and women's health measures.

### Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting and conducted roll call. The new NQF staff members on the team, Jermaine Bond (NQF Senior Director) and Hannah Ingber (NQF Project Analyst) introduced themselves. Suzanne Theberge, NQF Senior Project Manager, reviewed the meeting objectives. The meeting goals were to discuss measurement of maternal morbidity and mortality and to gain insight from the Committee on measure gaps in women's health in the NQF portfolio.

### Maternal Morbidity and Mortality

Ms. Theberge provided an overview of NQF's new project on maternal morbidity and mortality. Over a two-year period, NQF will develop two measurement frameworks and evaluate approaches to measurement of maternal morbidity and mortality. Through an environmental scan and a final recommendations report, NQF will suggest short- and long-term approaches to improving care in this area.

Ms. Theberge reviewed NQF's portfolio of endorsed measures that are related to maternal morbidity and mortality. Currently, NQF has four measures on maternal morbidity:

- 0469 PC-01 Elective Delivery
- 0469e PC-01 Elective Delivery [eMeasure]
- 0470 Incidence of Episiotomy
- 0471 PC-02 Cesarean Birth

Dr. Carol Sakala, Committee Co-chair, then asked the Committee to discuss non-NQF endorsed measures in use in the areas of maternal morbidity and mortality. Committee members reported that hospitals and maternity care collaboratives, such as the California Maternal Quality Care Collaborative (CMQCC), have developed metrics to track key contributors to maternal morbidity and mortality, such as embolism, hemorrhage, and hypertension. Some measures of emergency care that assess near-misses for maternal mortality also have been developed, including intensive care unit admissions, units of blood transfused, timely treatment of hypertension, timely treatment of pre-eclampsia, and deep vein thrombosis prophylaxis. The American College of Obstetricians and Gynecologists (ACOG) and CMQCC have been involved in supporting some of these measures. However, Committee members also noted that many of these measures are not yet ready for NQF endorsement because of a lack of consensus or uniform application across the nation.

A discussion of maternal morbidity and mortality measures under development or testing then followed, guided by Dr. Sakala. Committee members mentioned measures under development, including prevention of anemia in the third trimester, perinatal screening for depression, whether care is delivered in the appropriate care setting, and a measure of the magnitude of both morbidity and mortality. Committee members noted the need for risk adjustment at the facility level for these measures.

Dr. Sakala then asked the Committee for suggestions regarding future measure development. Members expressed interest in patient-reported measures regarding their treatment during pregnancy and a maternity-specific version of the CAHPS measure, and noted that research has suggested that patients are enthusiastic about these measures. A physiologic birth measure also was suggested because of its ability to prevent a cascade of interventions, many of which lead to morbidities, but the Committee acknowledged that this type of measure would require a great deal of detailed work from providers. Members noted gaps for measures of the quality of prenatal care; prenatal and postpartum depression and anxiety screening and treatment; screening for risk for substance use and abuse and follow-up as needed; postpartum anemia; and access to facilities with the appropriate level of care. Finally, the Committee pointed to the work of the International Consortium of Health Outcomes Measurement, which is developing a measure set for childbirth outcomes.

## Women's Health Measure Gaps

Ms. Theberge provided an overview of the current NQF portfolio of endorsed measures for women's health. There are currently 541 endorsed measures in the portfolio, 29 of which are related to Perinatal and Women's Health. The bulk of these 29 measures are included in the perinatal portfolio, and many of the rest are related to breast cancer and osteoporosis. There are also a few measures on hysterectomies and STIs. Ms. Theberge explained that measures related to women's health topics might not always fall under the purview of the Perinatal and Women's Health Standing Committee because measures are generally sent to the Committee that includes the type of providers responsible for treating the condition (for example, cancer measures go to the Cancer Standing Committee, which includes oncologists). NQF is seeking suggestions for measure gaps in the areas of women's health outside the perinatal and reproductive health topics. NQF defines women's health as conditions that exclusively or largely apply to women (e.g., breast cancer, cervical cancer, or osteoporosis).

Dr. Kim Gregory, Committee Co-chair, led the discussion about measurement gaps in women's health. The Committee pointed to topic areas where measurement is scarce:

- Postpartum depression
- "Churn" (coming on and off) of healthcare coverage
- HPV vaccinations for males and for people up to age 45
- Percentage of minimally invasive hysterectomies
- Intimate partner violence
- Disordered eating
- Burden of caregiving
- Fibroids
- Endometriosis

- Pain
- Social determinants of health
- Social support, particularly during pregnancy and the postpartum period
- Prenatal depression/anxiety
- Appropriate weight gain during pregnancy

The Committee agreed that all of these measures should be stratified by race/ethnicity and by geographic variables when possible, because of disproportionate burdens and effects and to gain information on where opportunities for intervention might be higher.

### **Public Comment**

No public or NQF member comments were provided during the measure evaluation meeting.

### **Next Steps**

NQF briefed the Committee on the upcoming fall 2019 cycle. Two measures have been submitted and are under review by the Scientific Methods Panel. The Committee also was alerted to the upcoming call for nominations for new Committee members, which closes October 30, 2019, and was asked to provide recommendations if possible. NQF thanked those members whose terms were ending for serving on the Committee.