NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Perinatal and Women's Health Spring 2022 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Perinatal and Women's Health spring 2022 post-comment web meeting on Wednesday, October 19, 2022, from 2:00 – 5:00 PM ET and Friday, October 21, 2022, from 11:00 AM – 2:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Tamara Funk, NQF director, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Review comments received during the post-evaluation public and member commenting period
- Review and discuss the Standing Committee's comments on the measures under review

As part of the spring 2022 review cycle, the Perinatal and Women's Health Standing Committee reviewed four measures during the measure evaluation meeting on July 6, 2022. The Standing Committee recommended two measures for endorsement and two measures for trial use. The draft report was posted on the project webpage for public and NQF member comment on August 15, 2022, for 30 calendar days. During this commenting period, NQF received 14 public comments but no comments from NQF member organizations.

During the first post-comment meeting on October 19, the Standing Committee discussed several concerns relating to the validity of one of the measures under review: NQF #3687e *ePC-07 Severe Obstetric Complications*. The concerns were raised by a Standing Committee member via an email sent to both NQF staff and the entire Standing Committee following the meeting on July 6. The concerns were subsequently shared with the measure developer prior to the post-comment meeting. Since quorum was not achieved during the meeting on October 19, the Standing Committee decided to reconvene on October 21 to vote on whether to reopen the measure for further discussion of the validity criterion. Quorum was also not achieved during the meeting on October 21; therefore, the Standing Committee held a new discussion on the measure's validity, then submitted two votes offline following the meeting: The first was to cast a vote about whether to reopen the measure to re-vote on validity, and the second was to cast a new vote for the validity criterion. If greater than 60 percent of the Standing Committee voted to reopen the measure, then the new votes for the validity criterion would also be counted.

The Standing Committee's voting results and the discussion of the validity concerns for NQF #3687e are summarized below.

Review of Post-Evaluation Comments

Ms. Funk introduced the four measures and stated that all of the public comments received were in support of the two measures that the Standing Committee recommended for trial use: NQF #3682e

SINC-Based Contraceptive Care, Postpartum and NQF #3699e *SINC-Based Contraceptive Care, Non-Postpartum*. No public comments were received for NQF #0471e *ePC-02 Cesarean Birth* or NQF #3687e.

NQF #3687e ePC-07 Severe Obstetric Complications

Measure Steward/Developer Representatives at the Meeting

- Christine Walas
- Katie Balestracci
- Doris Peter
- Lisa Suter
- Elliott Main

Standing Committee Vote to Reopen Measure Discussion on Validity: Total Votes–18; Yes–11; No–7 (11/18 – 61%, Yes)

Standing Committee Re-vote on Validity: Total Votes–18; High–1; Moderate–8; Low–6; Insufficient–3 (9/18 – 50%, No Pass)

Following the measure evaluation meeting on July 6, a Standing Committee member, who was unable to attend the measure evaluation meeting, expressed a concern via email to NQF staff and the Standing Committee that the measure was not adequately discussed by the Standing Committee. Specifically, this member commented that the Standing Committee did not address all of the member's validity concerns, which were submitted as part of the pre-evaluation Standing Committee feedback. The member's main outstanding concerns were whether the measure actually captures the construct of severe maternal morbidity (SMM), as state-level variation in SMM is inconsistent and not comparable across states. The member referenced a consensus statement from the American College of Obstetricians and Gynecologists (ACOG), which notes that "definitions of severe maternal morbidity that rely on diagnosis codes, such as the Centers for Disease Control and Prevention's (CDC) definition, may miss cases, have a relatively low positive predictive value (0.40) and, at a practical level, may be difficult for facilities to operationalize."

During the meeting, the Standing Committee expanded upon the concerns relating to validity by explaining that the testing focused solely on verifying whether codes matched the medical record and not whether they represented actual SMM events. A Standing Committee member added that the positive predictive value (PPV) of the CDC indicators shows that the measure may be nonrepresentative of SMM events according to "gold standard" definitions. The developer responded by explaining that the PPV for the numerator of the measure was very high overall and that not all of the individual data elements with lower rates of agreement were used in the final measure specifications. The developer also clarified that blood transfusion is one item that showed differing levels of agreement at different pilot sites and was thus kept as a separate value so that the measure can be stratified by "with or without blood transfusion" to help address these challenges. The developer further elaborated that in an electronic clinical quality measure (eCQM), such as this one, transfusion by units was not found to be a reliable and valid data element that could be pulled.

A few Standing Committee members stressed that validity testing should be compared against a gold standard so that the data truly reflect hospital quality and not just coding variation in order to know whether an SMM event actually occurred. The developer responded by stating that they clinically adjudicated over 200 cases in the numerator that involved SMM using the CDC's definitions. The developer added that secondary testing was conducted where each numerator event was adjudicated

using labor and delivery summaries. The developer provided additional clarifications on the ACOG guidelines regarding SMM, stating that while this definition is the gold standard for reviewing cases that are considered SMM, there is no official "gold standard" for describing SMM in the field of maternal healthcare or formal consensus on which conditions define SMM. Another Standing Committee member added that the CDC's definition of SMM was only intended to be a surveillance tool, not to assess quality. The developer explained that the current measure is likely to overestimate SMM so that instances of SMM are not missed. Another Standing Committee member then noted that while overpulling cases is standard for reviewing hospital quality, this is not in line with how the measure will ultimately be used, namely, as a tool to compare hospitals across populations.

Following the meeting, the Standing Committee voted to reopen the measure discussion on validity, and then voted not to pass the measure on validity.

Related and Competing Measures

Ms. Funk briefly reviewed the related measures and shared that the developers noted that the measures had been harmonized to the extent possible. No competing measures were identified for these measures. The Standing Committee agreed that the measures were harmonized to the extent possible.

NQF Member and Public Comment

Ms. Funk opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Ms. Funk reviewed the next steps during the first post-comment meeting. Ms. Funk informed the Standing Committee about the process for the revote of NQF #3687e. Dates for the Consensus Standards Approval Committee (CSAC) review, which will take place on December 9 and 12, 2022, were shared with the Standing Committee via email.