

Meeting Summary

Obstetrics and Gynecology (OB/GYN) Workgroup Web Meeting 4

The National Quality Forum (NQF) convened a closed session web meeting for the OB/GYN Workgroup on January 13, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the following meeting objectives:

- Review voting results
- Discuss core set gap areas
- Discuss core set adoption strategies

OB/GYN Voting Results

NQF staff reminded the Workgroup of the quorum requirements for voting, defined as representation from at least one health plan representative, at least one provider representative, and at least one representative from the remaining Voting Participant category (i.e., consumers, purchasers, regional collaboratives (C/P/RC)).

The CQMC charter defines a passing supermajority vote as 60 percent of voting participants in attendance casting a vote affirmatively and at least one affirmative vote is cast by a representative from each voting participant category.

The core set voting results were provided.

Measures Proposed for Addition	Voting Totals	Results/Notes
#N/A: HIV Screening	Add: 12 Do not add: 1	Add
#2902: Contraceptive Care – Postpartum	Add: 10 Do not add: 2	Do not add. Not one affirmative vote from C/P/RC category.
#2904: Contraceptive Care – Access to LARC	Add: 8 Do not add: 4	Do not add. Not one affirmative vote from C/P/RC category.
#N/A: Maternity Care: Post-Partum Follow-Up and Care Coordination	Add: 10 Do not add: 1	Add
#N/A: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence	Add: 6 Do not add: 5	Do not add. 55% and not one affirmative vote from the medical association category.

#0716: Unexpected Complications in Term Newborns	Add: 9 Do not add: 2	Do not add. Not one affirmative vote from C/P/RC category.
#3475e: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	Add: 7 Do not add: 4	Add
#0033: Chlamydia Screening in Women (CHL)	Add: 13 Do not add: 0	Add
#N/A: Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	Add: 8 Do not add: 3	Add
#N/A: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy	Add: 6 Do not add: 5	Do not add. 55% and not one affirmative vote from C/P/RC category.
#2063: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	Add: 6 Do not add: 5	Do not add. 55% and not one affirmative vote from C/P/RC category
#0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	Add: 12 Do not add: 1	Add
#N/A: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks	Add: 6 Do not add: 5	Do not add. 55% and not one affirmative vote from C/P/RC category. Similar to core set measure 0469 (PC01)
Measures Proposed for Removal	Voting Totals	Results/Notes
#0469: PC-01 Elective Delivery	Keep: 6 Remove: 6	Keep. 50% remove. Also one "remove" vote only wanted to remove if other measure (MIPS) added as replacement.
#1391: Frequency of Ongoing Prenatal Care	Keep: 2 Remove: 10	Remove
#1395: Chlamydia Screening and Follow Up	Keep: 5 Remove: 8	Keep. 62% remove, but not one removal vote from the C/P/RC category
#0567: Appropriate Work Up Prior to Endometrial Ablation Procedure	Keep: 2 Remove: 9	Remove

NQF verbally shared the notes that voting members included for various measures. A member recommended that the measure feedback should be relayed to the measure developers. Another member recommended that the final core set should include information about contacting the measure stewards so organizations seeking to implement the measures could ensure specifications are updated. There was a suggestion that a note should be included in the core set when performance of a measure is not expected to be 100% or 0%. The Workgroup agreed that the core set

should not contain two chlamydia measures and decided to re-vote on measures #0033 and #1395. NQF agreed to send out a survey to voting members following the meeting.

OB/GYN Measure Gaps

NQF shared measure gaps that were previously identified by the CQMC:

- Behavioral health measures for pregnant and post-partum women (depression, anxiety, opioid use disorder, smoking)
- Comprehensive post-partum visits and follow-up
- Contraceptive care
- Cesarean section (e.g., time of decision for c-section and surgery start time)
- Physician-level urinary incontinence
- Tdap/Influenza administration in pregnancy
- HPV vaccination
- HIV screening of STI patients

The Workgroup discussed which gap areas should be prioritized and if there are other areas that should be considered. The Workgroup agreed that behavioral health and substance use measures, including opioid use disorder screening, tobacco, smoking, and vaping measures remain gaps. While the Workgroup reviewed the available contraceptive care measures, they ultimately did not include these measures in the core set; this area also remains a gap. Measures for cesarean section, specifically time of decision for c-section and surgery start time, as well as vaccinations for pregnant women also remain measure gaps. The Workgroup emphasized the need for decision-making measures for neonatal care and measures that address neonatal morbidity and mortality. One specific concept noted was ensuring that appropriate care processes are provided for infants with Apgar scores of less than 7 at 5 minutes. It was discussed that there are known disparities related to OB/GYN care that should be noted and accounted for in measure implementation and future development.

As a reference, NQF provided the following measure gaps which were identified by NQF's Perinatal and Women's Health Standing Committee:

- 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

As a reference, NQF shared the measures under development that were identified by the Perinatal and Women's Health Standing Committee.

- Prevention of anemia in the third trimester
- Perinatal screening for depression
- Whether care is delivered in the appropriate care setting

- A measure of the magnitude of both morbidity and mortality

The NQF Perinatal and Women's Health Standing Committee suggested the following areas for future development:

- Patient-reported measures regarding treatment during pregnancy
- Maternity-specific version of the CAHPS
- A physiologic birth measure (ability to prevent a cascade of interventions; would require a great deal of detailed work from providers)
- Quality 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
- Access to facilities with the appropriate level of care

OB/GYN Core Set Adoption

The Workgroup discussed barriers to adoption and strategies that could help inform implementation of the core sets. Key points from the dialogue are listed below.

- There was an identified need for greater awareness of the CQMC core sets. Most organizations use existing sets like Joint Commission and HEDIS.
- It was noted that there are not incentives in place to implement the core sets and that a lot of work is associated with changing from existing measures to using these core sets.
- Health plans may have goals for their programs that do not align with the core sets.
- The timing of core set updates and releases may not align with contract timing.
- While there may be consensus on the measures to include in the core sets, there is not always complete agreement among Workgroup members.
- Electronic health records may not support the implementation of all of the measures in the core sets.
- The core sets may not align with reporting that is already required. Reporting for CMS programs was mentioned as an example. There was interest in the relationship between the CQMC core sets and the MIPS Value Pathways.
- There was interest in greater transparency into the process of selecting measures, including which stakeholder are groups are involved and why some measures are selected over others. This information could improve credibility of the core sets for those not involved in core set creation.

Next Steps

NQF staff stated that a survey would be sent to voting members to cast votes for the two related chlamydia screening measures. Following this last vote, the Workgroup recommendations would be presented to the Steering Committee for approval in February. After approval by the Steering Committee, the updated core set will be presented to the full Collaborative for discussion and final voting. The full Collaborative webinar to discuss the OB/GYN core set will likely be scheduled for February/March.