

Meeting Summary

Obstetrics and Gynecology (OB/GYN) Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Core Quality Measures Collaborative (CQMC) OB/GYN Workgroup on May 9, 2022.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed participants and co-chairs (provider co-chair Dr. Samuel Bauer and payer co-chair Dr. John Keats) to the OB/GYN Workgroup meeting. The co-chairs provided welcoming remarks. NQF staff reviewed the antitrust statement, as well as acknowledging that the CQMC is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call by organization and then reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2021 OB/GYN core set
- Discuss potential additions and removals to the OB/GYN core set

CQMC Overview and Recap of Previous Work

NQF staff reviewed the background and aims of the CQMC, recent accomplishments, current work and future opportunities. During 2020-2021, the CQMC reviewed or maintained each of the 10 clinical core sets. The CQMC also updated and released the following supporting documents: [Approaches to Future Core Set Prioritization](#), [Measure Selection Criteria](#), and the [Implementation Guide](#). NQF staff shared that the CQMC convened the new Health Equity Workgroup, which met for the first time in early April, to analyze disparities-sensitive measures and health equity measures for future consideration.

2021 OB/GYN Core Set Updates

NQF staff shared that the OB/GYN Workgroup convened twice last year in March and May to update the core set. The OB/GYN core set currently includes 19 measures in the areas of Prevention and Wellness, Maternal and Perinatal Health, and Other.

In 2021, the Workgroup updated notes on measures with information related to telehealth eligibility for all 19 measures and one measure-specific note. Measure #0418/0418e *Preventative Care and Screening: Screening for Depression and Follow-Up Plan* is no longer endorsed by NQF, as the developer did not resubmit it for maintenance, but the developer shared that they plan to maintain this measure independently. During last year's discussion, the Workgroup reiterated the importance of #0418/0418e and opted to keep it in the OB/GYN core set with a note on its endorsement status.

NQF staff shared that during last year's updates, there were three measures added and one measure

removed from the OB/GYN core set. *Postpartum Depression Screening and Follow-Up (PDS)* was added to the core set because members identified that there is still a quality gap in this area, and postpartum depression screening is a useful supplement to routine depression screening. #3484 *Prenatal Immunization Status* aims to increase immunization rates in pregnant women, and was added to address a gap previously identified in the core set. Additionally, the newly endorsed #3543 *Person-Centered Contraceptive Counseling (PCCC) measure* was added as a high bar measure that can drive quality improvement in contraceptive counseling, complementary to the existing contraceptive measures (#2902 and #2904) in the core set. Measure #0476 *PC-03 Antenatal Steroids (Patients at risk for preterm delivery at ≥ 24 and < 32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns)* was removed from the core set since the performance gap has closed and the measure has been retired by the Joint Commission (measure steward).

NQF staff asked the Workgroup if there were any questions related to the updates in the current 2021 OB/GYN core set. A member inquired about the Electronic Clinical Data System (ECDS) measures *Prenatal Depression Screening and Follow-Up (PND)* and *Postpartum Depression Screening and Follow-Up (PDS)*, and whether these measures would be discussed for addition to the core set to promote screening and increase health equity. NQF staff shared that these depression screening measures were discussed last year; the group discussed that there was overlap between the general depression screening measure #0418 but wanted to emphasize the importance of postpartum depression screening by adding the PDS measure. While the team did not plan to cover these measures during the meeting, NQF shared that they will review these measures for further changes going forward. The member added that the codes that the American College of Obstetricians and Gynecologists (ACOG) recommends for postpartum depression screening and billing do not align with the numerators on these measures as used in ECDS reporting, and this poses a challenge for use of the measures. NQF shared that the CQMC considers measures for inclusion in the core set as they are specified, but adding notes on measure use in the final core set can be helpful for end users. The member thanked NQF staff for the information and encouraged the group to advocate for the use of ACOG-recommended codes in future versions of the measures. A member from ACOG shared that they will circulate this feedback with their certified coder, and provided context that their coding guidance is based on best billing practices rather than measure development.

Measures for Maintenance

NQF staff shared that the CQMC updated the [measure selection principles](#) in 2022 to ensure they are relevant, focus on outcome measures and digital measures, and address priority topic areas such as care coordination and health equity. It was noted that the CQMC will not consider cost measures in the future, as cost is captured as part of the payment models in which the core set measures may be used.

NQF staff reviewed the process for 2022 core set maintenance. As a reminder, maintenance is conducted on an annual basis, which helps the core set remain aligned with the measure selection principles. During this year's maintenance process, NQF will bring forward major updates for the Workgroup's consideration (e.g., changes to endorsement and program use; recently endorsed or fully developed measures in the topic area; measures recommended for use in federal programs), as well as measures identified for discussion by the Workgroup members prior to the meeting. No

formal voting will be conducted during the Workgroup meetings and proposed changes will proceed to voting after the discussion of all measures. If Workgroup members reach consensus during the meeting that a measure should remain in the core set or should not be added to the core set, the measure will not be included on the voting survey.

Potential Removals from the Core Set

NQF shared the process used to identify potential removals from the OB/GYN core set. The process includes reviewing the current core set and assessing measures based on changes in endorsement status, changes in program usage (e.g., Merit-Based Incentive Payment System [MIPS], Healthcare Effectiveness Data and Information Set [HEDIS]), and suggestions from Workgroup members.

#0480/0480e: PC-05 Exclusive Breast Milk Feeding and the subset measure

NQF staff shared a Workgroup member's recommendation that this measure be removed from the OB/GYN core set. The Workgroup member expressed that while breastfeeding has clearly defined benefits, this measure is not a robust indicator of quality of care. In addition, the final rule for CMS' Inpatient Prospective Payment System (IPPS) determined that measurement of exclusive breastfeeding will no longer be required of hospitals in the future. A Workgroup co-chair shared that it is unclear whether this measure will also be removed from Joint Commission reporting requirements; NQF staff shared that they will follow up on the Joint Commission status of this measure after the meeting. A Workgroup member agreed with the removal of this measure and highlighted the importance of patient choice to ensure that mothers are not pressured into breastfeeding. A member also agreed that removing this measure could alleviate mental health challenges for women who are unable to breastfeed; other members agreed with this comment. Another Workgroup member expressed the importance of removing this measure, reiterating the importance of patient autonomy and noting that since patients are in the hospital for three to five days, there are structural variables that may prevent mothers from breastfeeding for a reasonable amount of time. NQF staff asked if there were any concerns related to removing #0480/0480e from the core set prior to the CMS FY 2026 estimated date or if this measure should be revisited in the future. No concerns were raised from the Workgroup members, and NQF staff confirmed the measure would be included in the voting survey for potential removal.

Potential Additions to the Core Set

NQF staff shared that measures proposed for potential addition to the OB/GYN core set are reviewed based on the following: new NQF endorsement; new HEDIS measures; measures recommended for use in programs by the Measure Applications Partnership (MAP); review of OB/GYN gap areas within the [CMS Measure Inventory Tool \(CMIT\)](#) and [NQF's Quality Positioning System \(QPS\)](#); and suggestions for discussion from Workgroup members. All findings were compiled in a measure scan shared with the Workgroup prior to the meeting.

N/A: Maternal Morbidity measure

NQF staff shared that the [Maternal Morbidity measure](#) is a composite, structural measure that assesses a hospital's participation in and implementation of quality improvement initiatives with perinatal care. NQF staff also noted that the current OB/GYN core set does include facility-level

measures, unlike other CQMC core sets that exclusively focus on outpatient measures. A Workgroup co-chair shared that the Centers for Disease Control and Prevention (CDC) has 21 indicators based on International Classification of Diseases (ICD) coding for maternal morbidities in the hospital, which coincide with bundle-related work in Perinatal Quality Collaboratives (PQCs) and the ACOG [Alliance for Innovation on Maternal Health \(AIM\) program](#). The [state PQCs](#) are state or multi-state networks that work towards improving the quality of care for mothers and babies; approximately 44 states are currently participating in bundle implementation at the state level. The co-chair continued that this measure aligns well with these ongoing initiatives from hospitals and payers.

A Workgroup member supported the addition of the measure in the OB/GYN core set and shared that their organization has been working with CMS to implement this measure. Another Workgroup member commented that they like the two part structure of this measure, which addresses both participation in and implementation of quality improvement initiatives. A Workgroup member asked if the function of the measure is just to increase participation in initiatives, or if it examines the effectiveness of quality improvement initiatives within an entity. A member responded that the measure is process-oriented and focuses on the first step of collecting and understanding data. A member also clarified that this is a structural measure to ensure that quality improvement mechanisms are in place before analyzing the actual outcomes of improvement programs. NQF staff added that based on the CMS IPPS fact sheet for this measure, CMS will shift its focus towards more robust measures to understand desired patient outcomes when more data is being reported.

NQF staff shared that this measure will be included in the electronic voting survey for potential addition to the OB/GYN core set.

Additional Updates

#0716: Unexpected Complications in Term Newborns (PC-06); #0471: Cesarean Birth (PC-02); and #0469/0469e: Elective Delivery (PC-01)

NQF staff shared a comment from a Workgroup member that #0716 *Unexpected Complications in Term Newborn (PC-06)* is best utilized when paired with #0471 *Cesarean Birth (PC-02)* and #0469/0469e *Elective Delivery (PC-01)*. It was noted that these measures should not be used and/or published as stand-alone, independent indicators of quality. All three of these measures are currently in the OB/GYN core set.

A Workgroup member shared that these measures are reviewed at the health system or hospital level and it would be helpful to keep that context in mind. NQF staff asked if it would be helpful to publish a note in the core set emphasizing that these measures should be used together based on the recommendations from the Workgroup. NQF staff clarified that adding notes in the core set does not require an electronic voting survey; the notes simply provide guidance from the Workgroup to others using the set. A member expressed that it would be very reasonable to add the Workgroup notes on the use of these measures. A Workgroup member also supported the addition of this note on the core set.

Future Considerations

NQF staff shared an update on future measures that may be considered by the OB/GYN Workgroup. NQF's Perinatal and Women's Health Standing Committee is currently considering several measures for endorsement as part of the Spring 2022 Consensus Development Process (CDP) cycle. NQF staff noted that these measures are not NQF endorsed yet, since they are pending recommendations from the Committee. The current *Cesarean Birth (PC-02)* measure in the core set may be updated to include an electronic version. Two additional measures, *Self-Identified Need for Contraception Based Contraceptive Care, Postpartum eQMC* and *Self-Identified Need for Contraception Based Contraceptive Care, Non-Postpartum eQMC*, are both measures at the facility level of analysis within the outpatient care setting, addressing use of most or moderately effective contraceptive methods for postpartum and non-postpartum women. NQF staff shared that these measures will be considered during next year's maintenance.

NQF staff also shared that Workgroup members previously expressed interest in revisiting the *Prenatal Depression Screening* measure from the National Committee for Quality Assurance (NCQA) if #0418/0418e *Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan* is not maintained. Although #0418 is not currently endorsed, it is still being maintained.

Changes in the Hospital Inpatient Quality Reporting (IQR) Program

NQF staff shared that as part of the CMS IPPS proposed rule released in April 2022, *Cesarean Birth (PC-02)* and *New Severe Obstetric Complications (PC-07)* were added to the Hospital IQR program as electronic clinical quality measures. CMS also established a new publicly reported hospital designation based on the results of the *Maternal Morbidity* structural measure. The designation will be awarded to hospitals that answer yes to both parts (participation and implementation) of the measure. Workgroup members commented that these additions are particularly important from a health equity lens, as people of color experience elevated rates of severe obstetric complications and measurement in this area could encourage transparency and improvements in care.

Future Work

NQF staff shared that as the core sets continue to evolve, the CQMC is looking for ways to promote health equity within the sets. NQF staff invited Workgroup members to recommend priority gaps and equity-related measures, and provide feedback on stratification related to the measures in the OB/GYN core set. A member expressed that it is challenging to address health equity since the topic is so broad, and suggested it would be helpful to focus on one to two areas and build trust among providers, payers, and community members to successfully implement measures in these areas. Another member suggested that the list of the current OB/GYN core measures be circulated to the Workgroup via email to garner feedback about which measures address health equity. For example, NQF's [Maternal Morbidity and Mortality Measurement Recommendations Report](#) highlighted an example from the California Maternal Quality Care Collaborative and how they reduced overall maternal mortality by implementing a set of related quality measures; however, gaps remain between maternal mortality for Black and White patients and the Workgroup will need to focus on prioritizing those gaps. The member suggested that development of a measure around implicit bias training or cultural responsiveness could be helpful to increase awareness of this topic area among

providers. Another member added that their organization is working on embedding health equity into their quality measurement efforts, and flagged the collection of race, ethnicity, and language (REL) data as an ongoing barrier to improvement; they shared that in a 2019 survey, almost all facilities were collecting this data but only 40% were using any of this data in quality measurement. The member encouraged the group to promote increased reporting of measures stratified by race and ethnicity.

NQF staff shared that in addition to health equity considerations, the team is also soliciting feedback from each of the Workgroups on the subtopics that should be represented in their respective core sets. This is based on prior feedback from members on the need to consider the specific mix of subtopics represented in each core set in addition to considerations currently included in the measure set and individual measure selection principles. Developing a framework of priority conditions and topic areas for each core set will help guide and prioritize future Workgroup discussion. Workgroup members suggested the following topic areas:

- Cardiovascular disease during pregnancy, including screening and prevention (e.g., prescribing patients baby aspirin to prevent preeclampsia, which can have long-lasting effects over the patient's life course)
- Obesity screening and follow-up
- Hepatitis C screening and follow-up, in alignment with recent CDC recommendations
- Patient education, including encouraging vaccine uptake (e.g., COVID-19 vaccines) and early discussion with patients about risks and benefits related to their birth experience and preferred mode of delivery
- Measures addressing prevention during the first and second trimester of pregnancy

NQF staff also asked for any additional considerations that should be included in future updates (e.g., maximum core set size, preferred data sources). A Workgroup member asked what the average size of the core sets is across all Workgroups, and how the OB/GYN set compares. NQF staff shared that the core set sizes range between five and 27 measures, and the OB/GYN set has 19 measures; they also shared that other Workgroups have discussed the possibility of designating a subset of 3-5 measures as the most important measures within the set and including the remaining measures as supplements. A group member shared that it could be helpful to adopt a tiered approach or an approach including buckets of measures to be adopted as applicable. The member also shared that if a subset of measures are designated as "most important," the group should discuss how these measures have been validated and how they may be affected by different scoring and quality assurance processes. NQF staff asked if there are any recommendations on the type of objective data that would be helpful to inform this decision; the member noted that characteristics including endorsement, measure type, time span (e.g., reproductive health measures vs. measures that cross the entire lifespan of the patient), and ability for the measure to have an impact on morbidity and mortality.

NQF staff asked if the group had any input on preferred data sources; the group did not offer any additional comments.



Next Steps

NQF staff shared that a summary from the Workgroup discussion will be shared with the members upon finalization. NQF will also circulate a survey to vote on any additions or removals from the core set. Voting will be open for four weeks; after votes are tallied and reviewed by the Steering Committee, NQF will follow up via email for any additional clarifications and next steps as necessary. NQF staff thanked the co-chairs and Workgroup for their participation before adjourning the meeting.