

Meeting Summary

Core Quality Measures Collaborative

Obstetrics/Gynecology Workgroup: Orientation Web Meeting

The National Quality Forum (NQF) convened a closed session web meeting for the Obstetrics/Gynecology Workgroup on February 11, 2019.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff reviewed the following meeting objectives:

- Provide an overview of the CQMC and workgroup charge,
- Discuss the CQMC measure selection principles,
- Review past work and current measure set, and
- Identify potential sources for additional measures.

Overview of the CQMC and Workgroup Charge

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, will convene the Workgroups over a series of web meetings to build on the current measure selection criteria, evaluate current measure sets to provide recommendations for removal and identify gaps, identify sources for additional measures, evaluate measures for addition to the core sets, prioritize measure gaps, and provide guidance on dissemination and adoption of the core sets.

Measure Selection Principles Discussion

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
 - a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
 - a. The source of the evidence used to form the basis of the measure is clearly defined.
 - b. There is high quality, quantity, and consistency of evidence.
 - c. Measure specifications are clearly defined.

4. Represent a meaningful balance between measurement burden and innovation.
 - a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
 - b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
 - c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

NQF staff provided an update on the refinement of the core measure set selection principles and shared a comparison of the CQMC principles with those used by other state and federal initiatives. NQF staff stated that a memo was sent out in December 2018 to obtain the full Collaborative’s feedback on the updated principles before finalizing and presenting them to the Steering Committee on February 1.

A Workgroup member shared that many providers report challenges in collecting and reporting data from eMeasures and wanted that challenge to be considered in the measure selection process. NQF staff concurred that data challenges exist and that the Collaborative’s goal is to promote the use of innovation measures while also considering and balancing measurement burden.

Review of Current Core Set

Current measures in the Obstetrics/Gynecology Core Set:

- NQF# 1391: Frequency of Ongoing Prenatal Care
- NQF# 0032: Cervical Cancer Screening
- N/A: Non-recommended Cervical Cancer Screening in Adolescent Females.
- NQF# 1395: Chlamydia Screening and Follow Up
- NQF# 2372: Breast Cancer Screening
- NQF# 0567: Appropriate Work Up Prior to Endometrial Ablation Procedure
- NQF# 0470: Incidence of Episiotomy
- NQF# 0469: PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed)
- NQF# 0471: PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)
- NQF# 0476: PC-03 Antenatal Steroids (Patients at risk of preterm delivery at ≥ 24 and < 32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns)
- NQF# 0480: PC-05 Exclusive Breast Milk Feeding and the subset measure (The measure is

reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization, and a second rate, a subset of the first, which includes only those newborns that were exclusively fed breast milk during the entire hospitalization excluding those whose mothers chose not to breast feed.)

NQF shared gaps that were previously identified as future areas for measure development or inclusion in the core set:

- Physician-level Urinary Incontinence (NCQA's physician-level UI measure did not receive endorsement and NCQA indicated they had no future plans to revise or update measure at this time).
- Cesarean Section (including time of decision for c-section and surgery start time). Data not available via claims.
- Tdap/Influenza Administration in Pregnancy (Upcoming from CDC). Need to consider data capture methods to measure vaccinations outside of typical medical settings.
- P22 - HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV. Considerations regarding age limit and child/adolescent privacy are necessary.

NQF staff noted that during the previous Workgroup meetings, the above-mentioned areas did not have existing or endorsed measures and that these areas would be a starting point for the measure scan.

A Workgroup member shared that measure NQF# 1391 Frequency of Ongoing Prenatal Care (FPC) which is part of the HEDIS set lost endorsement two years ago. The Workgroup member inquired if the measure was updated, especially the value set and clinical codes. It was noted that the measure is currently recommended for use at the physician level of analysis, and a question was posed as to whether the measure would be expanded to other levels of analysis. NQF staff advised that they would provide an update on the measure's status and the Committee can determine if it is a candidate for removal from the current core set.

Regarding NQF# 0032: Cervical Cancer Screening, the Workgroup concurred with a member's recommendation to review ACOG's latest recommendation on frequency and testing modalities to ensure the measure aligns. A Workgroup member suggested the Workgroup consider the screening recommendations from the American Society for Colposcopy and Cervical Pathology (ASCCP).

A Workgroup member requested that during the next Workgroup meeting NQF staff provide the reasons why three core set measures lost endorsement to allow for an informed decision in the selection process. A Workgroup member noted there are competing recommendations for breast cancer screening from various organizations and recommended they all be considered when discussing #2372 Breast Cancer Screening. There was discussion that there may no longer be as much opportunity for improvement in this area.

A Workgroup member shared that there have been some attribution challenges with the breast cancer measure as screening can be provided by a primary care physician or an Obstetrics/Gynecology specialist. NQF staff shared that NQF previously did work on attribution – though it did not specifically address such instances. There was discussion that patient refusal, when measuring at the individual clinician level, can present a challenge.

Workgroup members requested NQF staff to provide specifications and any previous Workgroup discussion for NQF# 0567: Appropriate Work Up Prior to Endometrial Ablation Procedure and NQF# 0470: Incidence of Episiotomy. The Workgroup mentioned that #0470 is currently used in ACOG's

Maternity Care Program and by the California Maternity Quality Care Collaborative.

The Workgroup would like to see performance results for #0469 PC-01 Elective Delivery and highlighted that the measure is used in the Medicaid Adult Core Set. A Workgroup member shared that for NQF# 0476 Antenatal Steroids the time period has been extended to 36 weeks.

Identification of Future Measures

NQF staff advised that NQF would scan its portfolio and major public programs for potential measures and encouraged the Workgroup to share gap areas and measures to bring forward for the Workgroup to consider. A Workgroup member requested that NQF search for prenatal and postnatal depression and anxiety screening measures. Other noted gap areas brought forth by Workgroup members for consideration included comprehensive post-partum visits, post-partum follow-up, consideration of health lifestyle behaviors, screening for opioid use disorder, screening for smoking in pregnant women, and contraceptive care. The Workgroup suggested that NQF bring forward measures used in the Medicaid and CHIP Core Sets, and check the Office of Population Affairs' performance measures. The Workgroup also recommended follow-up communication with developers so they are aware of Workgroups deliberations and suggested specification refinements. The Workgroup discussed the option to include measures in the core set with additional notes or caveats or keep measures in mind for future consideration if updates are made.

SharePoint Tutorial/Next Steps

NQF staff briefly introduced the [CQMC SharePoint site](#) and shared that all CQMC-related correspondence should be sent to CQMC@qualityforum.org. NQF advised they were finalizing the selection principles and performing an environmental scan of measures to discuss during the next Workgroup meetings in March/April 2019.

