CQMC Core Quality Measures Collaborative

Meeting Summary

Core Quality Measures Collaborative Obstetrics & Gynecology (OB/GYN) Workgroup Web Meeting

The National Quality Forum (NQF) convened a web meeting for the OB/GYN Workgroup on January 25, 2023.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed the participants to the meeting and introduced the co-chairs of the OB/GYN Workgroup, Dr. John Keats (payer co-chair) and Dr. Samuel Bauer (provider co-chair), who provided welcoming remarks. NQF staff reviewed the antitrust statement and acknowledged that the Core Quality Measures Collaborative (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 and reminded the group that the roster includes both voting and non-voting members; while both types of members can participate in the discussion, only voting members will be asked to cast votes on any changes to the core set. NQF staff reviewed the following meeting objectives:

- Briefly review the CQMC's work from last year, including the 2022 OB/GYN core set
- Discuss potential additions to the OB/GYN core set as part of a streamlined maintenance process
- Explore future considerations to advance the OB/GYN core set

Review Last Year's Work

NQF staff shared a recap of the 2022 CQMC objectives. Last year, in addition to core set maintenance, the CQMC posted the 2021 core sets and updated the measure selection principles and Analysis of Measurement Gap Areas and Measure Alignment report. These updates included emphasizing the importance of digital measures, measures addressing cross-cutting topics such as care coordination and patient experience, and measures that can help us better understand and promote health equity. The CQMC convened four of its high-priority workgroups, including the Measure Model Alignment, Digital Measurement, Cross-Cutting, and Implementation Workgroups. Additionally, the CQMC introduced and convened a new Health Equity Workgroup to review health equity and disparities in the core sets.

2022 OB/GYN Core Set Work

NQF staff shared that the OB/GYN Workgroup (hereafter referred to as "the Workgroup") last met in May of 2022 to discuss potential updates to the OB/GYN core set. The Workgroup voted to add CMS' *Maternal Morbidity* measure, a structural measure that assesses whether hospitals participate in statewide or national perinatal quality improvement collaborative initiatives. While this is a structural measure, the measure addresses maternal morbidity rates, which has been a persistent measurement gap area identified by the Workgroup. In addition to this change, the Workgroup also removed NQF #0480/0480e *PC-05 Exclusive Breast Milk Feeding*. The Workgroup concluded that this measure could have unintended consequences of pressuring mothers to breastfeed against their personal preference,

and noted that the Inpatient Prospective Payment System (IPPS) will no longer require reporting on this metric. These changes were approved through full Collaborative voting and are being integrated into an updated core set document; this will be sent out to the Workgroup for final review before being posted online. Overall, the current 2022 core set includes a total of 19 measures in the domains of prevention and wellness, maternal and perinatal health, and other measures. NQF staff shared that the Workgroup also updated the list of measurement gaps for the core set and noted that Workgroup members would have an opportunity to discuss updates to the gaps list later in the meeting.

Measures for Maintenance

NQF staff reminded participants that the CQMC measure selection principles ensure that measures in the core sets remain person-centered and holistic; relevant, meaningful, and actionable; parsimonious, promoting alignment and efficiency; scientifically sound; balanced between burden and innovation; and unlikely to promote unintended adverse consequences. The updated measure selection principles emphasize the importance of the inclusion of outcome measures and digital measures, and address priority topic areas such as care coordination and health equity. NQF staff noted that aligned with the measure selection principles, the CQMC will not consider cost measures in the future, as cost is captured as part of the payment programs.

NQF staff then reviewed the maintenance process for the OB/GYN core set, noting that the Workgroup will conduct a streamlined maintenance process supporting a limited core set review to ensure that core set measures are still available, relevant, and valid. For this year's streamlined review, NQF brought forward measures that had received major updates (i.e., existing core set measures with changes in their endorsement status and program use), as well as updates on specific measures under development that the Workgroup has been following. NQF staff also reminded members that no formal voting is conducted during Workgroup meetings; any proposed changes to the core set will proceed to electronic voting after the conclusion of all measure discussions.

Potential Additions to the Core Set

NQF staff introduced NQF #0471e *PC-02 Cesarean Birth* for potential addition to the core set. This measure is the electronic clinical quality measure (eCQM) version of NQF #0471 *PC-02 Cesarean Birth* which is already included in the OB/GYN core set. Both measures are outcome measures at the facility level of analysis that assess the number of nulliparous women with a term, singleton baby in the vertex position delivered by cesarean birth. In previous discussion, Workgroup members emphasized that these measures are utilized best when paired with NQF #0716 *Unexpected Complications in Term Newborn (PC-06)* and NQF #0469/0469e *Elective Delivery (PC-01)*, which are also already in the core set.

A co-chair asked NQF staff to share the benefits of adding the eCQM version to the core set. NQF staff noted one of the measure selection principles is promoting the use of digital or electronic measures, as they have the potential to reduce burden and can allow providers to pull measure data electronically rather than manually pulling data from charts, claims, or billing data. If the Workgroup includes both NQF #0471 as well as electronic version NQF #0471e in the core set, it can signal importance to providers who are ready to adopt the electronic version while allowing flexibility for providers whose systems are not quite ready to support electronic measurement. A Workgroup member asked if the group would eventually phase out NQF #0471 and only keep NQF #0471e, since digital measurement is the future of measurement. Another member recommended that both versions should be included in the core set in case there is a situation where a provider is unable to use the electronic version.

A Workgroup member shared that their organization agrees this measure is utilized best when paired with NQF #0469/0469e *Elective Delivery (PC-01)* because it provides a more robust picture of the care

that is being provided in the system. The member also noted that because NQF #0469/0469e also has an eCQM version in the core set, it would be best to add the eCQM version of this measure for consistency.

NQF staff asked if any Workgroup members had experience implementing NQF #0471e. A member added that they did not have experience with this specific measure, but they have worked in a health system that used electronic measures and believe many systems would utilize both the traditional and electronic versions of this measure. NQF staff thanked the Workgroup for their discussion and noted that there will be a formal electronic voting process for voting members to potentially add this measure to the core set.

Future Measure Considerations

NQF staff provided an update on two measures the Workgroup expressed interest in last year. NQF #3682e *SINC-Based Contraceptive Care, Postpartum* and NQF #3699e *SINC-Based Contraceptive Care, Non-Postpartum* are both outcome measures at the facility level of analysis. These measures are being tested for pilot implementation in the Innovating Contraceptive Care in Community Health Centers (ICC in CHCs) project. Both measures were approved for trial use by NQF's Perinatal and Women's Health Standing Committee and upheld by the Consensus Standards Approval Committee (CSAC) during the spring 2022 cycle of NQF's consensus development process (CDP). NQF staff will continue to monitor these measures and bring back any updates on measure endorsement to the group.

Gaps Discussion

NQF staff shared the updated OB/GYN Workgroup gaps list:

- Maternal morbidity and mortality
- Time of decision for cesarean section (c-section) and surgery start time (i.e., measurement of "decision to incision" start times)
- Behavioral health and substance use measures, including opioid use disorder screening, tobacco, smoking, and vaping measures for pregnant and/or postpartum women
- Comprehensive postpartum visits and postpartum follow-up
- Patient education (e.g., encouraging vaccine uptake, early discussion of risks, benefits, and preferences for birth experience and delivery)
- Prevention measures (e.g., screening and follow-up for cardiovascular disease, obesity, Hepatitis C), especially during the first and second trimester of pregnancy
- Measures that consider healthy lifestyle behaviors throughout reproductive years
- Decision making measures for neonatal care
- Measures addressing neonatal morbidity and mortality (e.g., appropriate care for infants with Apgar scores <7 at 5 minutes after birth)

A co-chair opened the discussion by asking the Workgroup if they had any changes they would like to make to the gaps list. NQF staff noted that maternal morbidity and mortality is at the top of the list because it is a top priority for the group, but the rest of the gaps list is in no particular order; NQF staff invited members to provide any feedback on relative priority of the gaps.

A Workgroup member asked if the group would consider adding access to comprehensive reproductive care to the list, given that this type of care has become limited in the past year and that the two measures for future consideration (NQF #3682e and NQF #3699e) do not fully encompass access to contraception and reproductive rights. Another Workgroup member agreed, adding that more rural and smaller maternity units have continued to suspend maternity and gynecological services, which increases the distance patients must travel to access basic OB/GYN services. A Workgroup member

agreed that access is a challenge but was unsure if the topic should be included in the CQMC core sets since the core sets' focus on measures where performance is within the clinician's control. The Workgroup members discussed that access to OB/GYN and reproductive healthcare are foundational to address maternal morbidity and mortality, and, at minimum, the group could encourage the development of a measure addressing access to care (including virtual visits and telehealth).

A Workgroup member asked how the OB/GYN Workgroup intersects with the Health Equity Workgroup, and whether there are any measures the Workgroup wants to emphasize from the equity perspective. NQF staff shared this past year the Health Equity Workgroup developed an approach to identify disparities-sensitive measures, which identified 137 out of 150 CQMC measures as being disparity-sensitive. The Health Equity Workgroup is currently working to refine the approach by applying it to two other Workgroup core sets, Cardiology and Pediatrics. NQF staff also noted that many organizations lack data to be able to stratify measures to verify that disparities do exist. This Workgroup member expressed interest in applying an equity lens to future Workgroup discussion, highlighting maternal morbidity and mortality, contraceptive care, and sexually transmitted infection screening as areas with known disparities. NQF staff thanked the group for their input and noted that equity will be an important topic of discussion in the future for each Workgroup. NQF will share additional updates after the Health Equity Workgroup has refined the prioritization approach with the Pediatrics and Cardiology Workgroups.

A Workgroup member noted that CMS has proposed combining its Merit-based Incentive Payment System (MIPS) Value Pathways for both obstetrics and maternal health into one set, which their organization is opposed to. The member asked if this group would consider splitting the current OB/GYN Workgroup into separate workgroups or separate core sets, one for maternal health measures and the other for gynecological measures. Workgroup members discussed that the group could consider an approach similar to the Human Immunodeficiency Virus (HIV)/Hepatitis C Workgroup, which convenes as one group but presents its core set in two separate sections – HIV measures and Hepatitis C measures. This approach might allow the group to better distinguish different categories of measures (e.g., gynecologic health, perinatal health) while ensuring alignment among these related areas. The Workgroup agreed to consider this change and discuss potential implementation during next year's full maintenance review.

Another Workgroup member asked whether comprehensive postpartum visits and postpartum follow-up should remain on the gaps list, given that *Maternity Care: Post-Partum Follow-Up and Care Coordination* is currently in the core set. A member noted that the current measure in the core set covers depression screening, glucose screening, and contraceptive screening, but it does not include the postpartum follow-ups and referrals to continue care after pregnancy that would be needed for patients with complicated cases (e.g., patients with rheumatoid disease). A member also shared a resource from ACOG's Committee on Obstetric Practice describing assessments that should be included in a comprehensive postpartum visit. A member commented that measures related to postpartum care are not generally aligned on the timeframe for when a postpartum visit should occur: the *Maternity Care* measure specifies a postpartum visit within 8 weeks while the Healthcare Effectiveness Data and Information Set (HEDIS) measure *Postpartum Depression Screening and Follow-Up* specifies a visit between 7 to 84 days. Neither of these measures' timeframes clearly align with the American College of Obstetricians and Gynecologists (ACOG)'s Committee on Obstetric Practice opinion, which recommends a postpartum visit within 3 weeks. A member added that a postpartum visit may need to be even earlier for high-risk patients (e.g., patients with hypertensive symptoms). The group agreed this measure needs improved alignment on the timeline, and it will be an important topic for developers to consider in the future.

A Workgroup member noted that the preconception window is often overlooked, but care and interventions during this period can help reduce maternal morbidity and mortality. The Workgroup member also noted that patient-centered menstrual cycle counseling should be considered from a quality perspective, given absenteeism, pain, and other symptoms associated with delayed or missed diagnoses for polycystic ovary syndrome, endometriosis, and other related diseases. Another Workgroup member agreed that the preconception window provides a valuable opportunity to improve outcomes for patients. For example, the rate of inductions and unplanned c-sections can be lowered by addressing hypertension, diabetes, and obesity in patients prior to conception. The member suggested that patient education could be an impactful tool to address this issue. Another member added that closing the referral loop as part of postpartum care could also help improve outcomes for subsequent pregnancies.

A Workgroup member commented that neonatal morbidity and mortality measures are at the bottom of the gaps list. The member noted that some neonatal morbidity and mortality is preventable with systems improvements and good practices during labor and delivery. The member noted that addressing this challenge may require more systems-based changes rather than clinician-level changes, but they would advocate for the group to discuss this with the Pediatrics Workgroup and move this item to a higher priority on the gaps list.

A co-chair invited one of the Workgroup members to share information about a project ACOG and The Joint Commission are working on to define Levels of Maternal Care. The Workgroup member shared that this is a voluntary certification program, where The Joint Commission will determine what level of maternal care a hospital is able to provide, based on an application and site visit. The program is being socialized with health plans and is a similar concept to the Neonatal Intensive Care Unit (NICU) designation levels used by many hospitals. It is based on a guidance document called the Levels of Maternal Care from ACOG, and hospitals will be ranked based on the health of the mother, the capabilities of the hospital, and the hospital's resources available to support different levels of complex care. ACOG and CMS have also discussed the potential of integrating this voluntary certification as a "birthing friendly designation" that could be used alongside the designation for participating in a quality improvement collaborative.

Next Steps

NQF staff shared that the OB/GYN Workgroup discussion will be summarized and posted on the CQMC SharePoint page once available. NQF staff will also circulate a survey for voting workgroup members to vote on the measure for potential addition from the core set. Voting will be open for a 4-week period. After the final votes are tallied, the Steering Committee will review the Workgroup recommendations, and NQF will follow up with the Workgroup via email for any additional clarifications. The potential changes to the core set will then proceed to the full Collaborative for final discussion and voting. NQF staff thanked the co-chairs and Workgroup for their participation before adjourning the meeting.