



Meeting Summary

Core Quality Measures Collaborative Obstetrics and Gynecology Workgroup Meeting

Under its Partnership for Quality Measurement (PQM), Battelle convened the Core Quality Measures Collaborative (CQMC) Obstetrics and Gynecology (OB/GYN) Workgroup on Wednesday, November 13, 2024, to discuss potential measure additions and removals to the [Obstetrics and Gynecology \(OB/GYN\) Core Set](#).

Welcome and Opening Remarks

Kate Buchanan, MPH, Battelle CQMC lead, welcomed workgroup members to the OB/GYN meeting to discuss core set updates. She reviewed the anti-trust compliance statement and said that CQMC is a membership-driven and -funded effort, with additional support from the Centers for Medicaid & Medicare Services (CMS) and AHIP. Ms. Buchanan gave an overview of the meeting agenda.

Ms. Buchanan introduced the workgroup co-chairs, Dean Dagermangy, MD, FACOG, and Sam Bauer, MD, MBA, FACHE, CPE, FACOG, and provided a list of voting and non-voting members.

Ms. Buchanan then outlined the core set maintenance process, noting the intent of the core sets is to be used in value-based programs, the CQMC [measure-selection principles](#) in the core set, and the core set maintenance process. Ms. Buchanan added that maintenance ensures that each specialty-specific core set reflects current CQMC priorities and measure selection criteria.

2023 Maintenance Review Recap

Ms. Buchanan provided a high-level recap of the measures under review and results from the 2023 cycle. During the 2023 cycle, the workgroup recommended adding one measure, consensus-based entity (CBE) #0471e: PC-02 Cesarean Birth. The core set previously included CBE #0471 PC-02 Cesarean Birth. The workgroup decided to add the electronic version of the measure. The workgroup discussed maternal health and perinatal gap areas, including maternal morbidity and mortality, women's health across the lifespan with a focus on menopause measures, comprehensive postpartum visits, and assessment of maternity health care deserts.

The Current Core Set

Ms. Buchanan provided an overview of the current [OB/GYN Core Set](#), noting that it has 19

measures: 10 process, four outcome, two structural, one patient-reported outcome-based performance measure (PRO-PM), and two “other.”

Measures for Consideration – Addition

Ms. Buchanan reviewed the factors to consider for additions to the core set. She noted that Battelle conducted an environmental scan using a 3-year lookback period. The sources for the scan included:

- CMS Measures Inventory Tool (CMIT)
- CMS Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT)
- PQM Submission Tool and Repository (STAR)
- Measures mentioned in previous meetings
- Quality Payment Program (QPP)
- Healthcare Effectiveness Data and Information Set (HEDIS)

While developing the environmental scan, Battelle staff considered whether a measure met CQMC’s principles for measures in the core set, if it addressed a key topic or gap area identified by the workgroup or had been recommended by a workgroup member. Battelle identified 13 measures for the workgroup to consider:

- Three on contraceptive care:
 - CMIT #1002 Contraceptive Care - All Women
 - CBE #3699e Self-Identified Need for Contraception (SINC)-Based Contraceptive Care, Non-Postpartum
 - CBE #3682e SINC-Based Contraceptive Care, Postpartum
- Three on maternal morbidity and mortality:
 - CBE #3716 CVD Risk Assessment Measure - Proportion of pregnant/postpartum patients that receive CVD Risk Assessment with a standardized instrument
 - CBE #3687e Severe Obstetric Complications
 - CMIT #419 Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)
- Two on prenatal and postpartum care:
 - CMIT #581 HEDIS: Prenatal and Postpartum Care: Postpartum Care
 - CMIT #582 HEDIS: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPCCH)
- One on behavioral health:
 - Prenatal Depression Screening and Follow-up
- One other:
 - CBE #2063 Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury
- Three on social determinants of health (SDOH):
 - CMIT #1662 Driver of Health Screen Positive Rate
 - CMIT #1664 Driver of Health Screening Rate
 - Social Need Screening and Intervention (SNS-E)

Discussion about contraceptive care measures:

- *CMIT #1002 Contraceptive Care - All Women*
- *CBE #3699e SINC-Based Contraceptive Care, Non-Postpartum*
- *CBE #3682e SINC-Based Contraceptive Care, Postpartum*

A co-chair noted that it is important to consider how these measures will align with the organizational goals and the impact on contraception care across populations. The measure

steward for CBE #3699e and CBE #3682e added that the measures have two sub-measures. The first is whether someone is using a contraceptive method or receives a method during the year, and the second is whether someone received long-acting reversible contraceptive (LARC) within the year. They added that the focus of their efforts was to use electronic data to capture contraception provision and use in facilities that do not use claims, such as community health centers. They noted that they updated the measures to allow people to exclude themselves from the denominator because they do not need contraceptive services. A co-chair asked about the definition of “postpartum,” and the steward answered that it was defined as people who would be eligible for postpartum contraception during the measurement period. They used live birth dates or estimated due dates depending on available data. The co-chair asked the measure steward if they had a preference for one of the measures. The measure steward answered that each measure focuses on different yet equally important parts of the reproductive life course and health care infrastructure.

Discussion about maternal morbidity and mortality measures:

- *CBE #3716 CVD Risk Assessment Measure - Proportion of pregnant/postpartum patients that receive CVD Risk Assessment with a standardized instrument*
- *CBE #3687e Severe Obstetric Complications*
- *CMIT #419 Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)*

The co-chair noted important exclusions for CBE #3716, including patients have a visit for a non-pregnancy issue but happen to be pregnant, as well as if a patient is pregnant and seeking termination.

A workgroup member expressed concerns with CMIT #419, noting that elective delivery is already captured in the CBE #0469/0469e PC-01 Elective Delivery measure, which is included in the core set. He also noted the potential negative impact on clinicians in rural settings. A co-chair asked whether there is a quality gap between the facility level and the clinician level that the workgroup would like to address that is not addressed in the PC-01 measure. Ms. Buchanan added that Battelle flagged CMIT #419 because of the level of analysis as the CQMC often prefers the clinician level of analysis.

A workgroup member asked if there was a threshold included in blood transfusion for CBE #3687e. The measure steward answered that there is not a threshold for blood transfusions, as a quantified unit varies across hospitals. They added that the measure has two numerators, one where blood transfusions are included and one where transfusion-only cases are excluded. They also added that only individuals who have a COVID diagnosis that have a COVID-related respiratory condition or COVID-related respiratory procedures are excluded. They are working with their technical expert panel (TEP) to review data on COVID to determine if it is still a necessary exclusion for the measure.

Discussion about prenatal and postpartum care measures:

- *CMIT #581 HEDIS: Prenatal and Postpartum Care: Postpartum Care*
- *CMIT #582 HEDIS: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPCCH)*

The co-chair noted that these two measures address several potential gaps to improve implementation, access to timely care, and can help identify health disparities across different populations. They also help to support mental health screening and identify challenges to

accessing prenatal and postpartum care overall. The measure steward noted that CMIT #582 contains two rates, one for timeliness of prenatal care and one for timeliness of postpartum care. A workgroup member asked how the measure will provide information on barriers to accessing care and expressed concern that the measure is placing blame on the patient. They also asked if there is a way to link the measure to when a patient received coverage from a health plan during their pregnancy. The measure steward noted that if the measure was adopted for clinician level of analysis, there is an additional specification that measures timeliness of care 156 days after the patient has entered the health plan's insurance. A CMS representative added that CMS uses the measure to supply quality improvement technical assistance for the maternal and infant health initiative. Another workgroup member added that this measure is still valid because it can be used as a data set against undiagnosed diabetes in the first trimester or negative postpartum events. They said the measure can be useful as a data set when looking at association, by region, between the rate of this care and what is seen clinically and how that relates to second trimester or even labor and delivery care. The workgroup agreed that the rate is helpful to have but that the measures cannot capture barriers to care.

Discussion about behavioral health measure:

- *Prenatal Depression Screening and Follow-up*

A co-chair commented on the measure, noting that it is not endorsed but it is a HEDIS measure, with a claims data source. He added that measuring depression is important because 12-15% of pregnant women and more than 20% of postpartum women deal with depression. The measure steward clarified that the measure uses both administrative data and electronic health record (EHR) data. The other co-chair noted that this measure would add to the continuum of care in measuring depression during pregnancy, not only during the postpartum period. A CMS representative noted that they have received feedback that this measure is difficult to report because providers are not using the codes required for prenatal depression and follow-up to appear in the claims. The co-chairs agreed that there is most likely a discrepancy between depression screening and follow-up being completed during prenatal visits and what is entered into claims, as it is too burdensome to add. The workgroup agreed that the intent of the measure is good, but the application has challenges.

Discussion on other measure:

- *CBE #2063 Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury*

The co-chair noted that this measure addresses several important gaps in surgical care, especially around patient safety and complication management. It also provides an opportunity for clinicians to standardize their surgical practice. A workgroup member asked how this would be captured because it is often presumed to be included in the code for hysterectomy and many clinicians do not bill separately for a cystoscopy. Another workgroup member raised concerns around equipment availability, specifically in smaller facilities, and physician training. A workgroup member added that most residents and students are trained to perform postoperative cystoscopies, and the procedure does not take long nor does it require additional equipment found outside of a standard operating room.

Discussion on social determinants of health measures:

- CMIT #1662 Driver of Health Screen Positive Rate
- CMIT #1664 Driver of Health Screening Rate

- Social Need Screening and Intervention (SNS-E)

Ms. Buchanan noted that all CQMC workgroups are considering these SDOH measures and that they are not specific to OB/GYN. A co-chair noted that these three measures help to address many of the social determinants of health issues, improve health equity, coordinate access across different sectors, and raise public awareness of SDOH issues, adding that they like that the measures are not specific to the OB/GYN workgroup. The co-chair added that the measures align with other health care initiatives, such as the new requirements for The Joint Commission certification. A workgroup member noted that all three measures are important and is in favor of all three being used together, because none of them capture everything necessary for measuring SDOH. They also asked about the recommended frequency of SDOH screening. A co-chair asked for more clarification on the definition of screening positive, and the other co-chair asked how CMS plans to prevent any duplicate results for CMIT #1662 and CMIT #1664. In a follow-up communication from the steward, they said patients should be screened during every admission, but only unique patients should be included in any one reporting period (year). If a patient has multiple admissions in the year, the most recent result (i.e., the result closest to the reporting period) should be submitted. A workgroup member noted that many patients do not want to be connected to resources and decline assistance. A co-chair responded that the Social Need Screening and Intervention measure is at the health plan level of analysis, which is beneficial as this level lacks community engagement.

Measures for Consideration – Removal

Ms. Buchanan reviewed the factors to consider for removal from the core set. She noted that Battelle reviewed the current core set, looking for changes to endorsement status, changes in program use, and key topics identified by the workgroup. Ms. Buchanan stated that Battelle identified four measures for removal:

- CBE #0418 Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- CBE #3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
- Non-recommended Cervical Cancer Screening in Adolescent Females
- CBE #0470 Incidence of Episiotomy

Discussion on CBE #0418 Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan

A workgroup member provided rationale for removal, noting that the high performance data is more reflective of the Merit-based Incentive Payment System (MIPS) program rather than the measure itself, as there is underuse in depression screening in general. They added that there is not an option to exclude patients who do not need follow-up based on clinical judgement. They recommended that the numerator be expanded to include timeframe for the referral and potential follow-up plan and that the measure should allow physicians to get credit for any patient screening throughout the year. They also noted that the addition of a look-back period would help catch overlooked cases, and the measure is burdensome without the use of EHR. A co-chair agreed having multiple depression screening measures is redundant and added that there is a shift in how patients are receiving care and where and how they are screened. The co-chair asked if other core sets have this depression screening measure and if their workgroups are also considering the measure for removal. Ms. Buchanan answered that it is in other core sets and was highlighted for discussion. The co-chair added that it would be helpful to just have one depression screening measure, because multiple measures becomes

burdensome for patients and providers.

Discussion on CBE #3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

A workgroup member provided rationale for removal, noting that the harms of overuse from DXA scans are relatively low, the measure does not fill a performance gap, the denominator exclusion criterion do not follow current guidelines, and the exclusion criterion combinations are too burdensome for physicians. The co-chair added that the American College of Physicians and American Academy of Family Physicians have been advocating for discontinuation of DXA scans; however, DXA scans are not expensive, and the risk of overuse is low. They also added that from a health plan perspective, DXA scans are not an overutilized resource.

Discussion on Non-recommended Cervical Cancer Screening in Adolescent Females

A workgroup member provided rationale for removal, noting that while the measure follows the screening recommendations, the measure may not be relevant given the practice change occurred over 20 years ago. They added that there has been enough education among OB/GYN providers to close the gap. The co-chair asked if the steward has information on the performance rates. Ms. Buchanan provided a [link](#) to the most current performance data.

Discussion on CBE #0470 Incidence of Episiotomy

The co-chair highlighted that the measure does not fill a performance gap based on the most recent data and noted that the rate of episiotomy has declined steadily in the past 100 years. Workgroup members agreed that the incidence of episiotomies have declined in their own practices. The other co-chair added that some residents have completed their training without performing any episiotomies.

Gaps Discussion

Ms. Buchanan provided an overview of maternal health and perinatal gap areas in measure development mentioned in previous workgroup meetings. A workgroup member commented that syphilis screening and treatment in pregnancy should be added as a gap area. Another workgroup member highlighted the importance of preconception counseling to promote reproductive health. They noted that many of her patients are on teratogenic medications attempting to conceive and don't realize they inhibit pregnancy. They added that creating a measure that helps patients identify issues with their menstrual cycles would be incredibly important because this is not included in the core set.

A co-chair added that another way of approaching the gap of time to decision for C-section and surgery start time is the development of a tiered system for labor and delivery and how acuity is managed. The co-chair noted that no measure focuses on menopause and menopause treatments. This topic tends to be largely ignored because the core set focuses on pregnancy issues. The other co-chair agreed that the workgroup should also be mindful of other gynecological measures that focus on endometriosis, infertility, and menopause, alongside contraceptive care measures.

Next Steps

Ms. Buchanan provided an overview of voting procedures. The voting link will be sent from CQMC@Battelle.org. Ms. Buchanan reminded the group of supermajority rules around voting and provided an overview of the Full Collaborative Approval process.