

Meeting Summary

OB/GYN Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Obstetrics and Gynecology (OB/GYN) Workgroup on March 22, 2021.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff also 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 discussion, only voting members will be asked to cast votes on any changes to the core set. NQF staff reviewed the meeting objectives:

- Review the CQMC's work from last year, including the 2020 OB/GYN Core Set
- Begin discussion on potential additions and removals to the OB/GYN Core Set as part of ad-hoc maintenance

Last Year's Work

NQF staff provided a brief overview of the CQMC's achievements in 2019-2020. During the past year, the CQMC workgroups reviewed and released updated versions of the eight original condition-specific core sets, including the ACO/PCMH/Primary Care, Cardiology, Gastroenterology, HIV/Hepatitis C, Medical Oncology, OB/GYN, Orthopedics, and Pediatrics core sets. The CQMC also created two new condition-specific core sets, the Behavioral Health and Neurology core sets. Finally, the CQMC released several guiding documents including an updated description of approaches for future core set prioritization, a compilation of measurement gap areas identified by the workgroups and opportunities for alignment, and an implementation guide intended for stakeholders looking to implement core sets as part of value-based payment programs. NQF staff shared that in 2021, the CQMC will build on prior work by developing new guides on measure model alignment and digital measurement, developing a new cross-cutting measure set, updating the Implementation Guide, and maintaining the current core sets.

NQF shared an overview of the OB/GYN Workgroup's updates to the core set last year. After discussion, the Workgroup voted to add seven measures, remove two measures, and replace one measure in the core set; the final core set included 17 measures in the areas of Prevention and Wellness, Maternal and Perinatal Health, and Other.

The core set also listed the following measurement gap areas for future consideration:

- Maternal morbidity and mortality
- Time of decision for c-section and surgery start time
- Vaccinations for pregnant women

- Behavioral health and substance use measures
- Comprehensive post-partum visits and follow-up
- Healthy lifestyle behaviors throughout reproductive years
- Decision-making measures for neonatal care
- Neonatal morbidity and mortality

Considerations for Ad-Hoc Maintenance

NQF staff opened the discussion on ad-hoc maintenance of the core sets by reminding Workgroup members of the measure selection principles for the CQMC core sets. Maintaining the core sets every year helps ensure that the measures in the core sets remain person-centered and holistic; relevant, meaningful, and actionable; parsimonious; scientifically sound; feasible; and unlikely to promote unintended adverse consequences. During ad-hoc maintenance, NQF will not perform a comprehensive literature review for relevant measures to consider for the core set, but will flag major updates (e.g., measures that have lost endorsement) and review any measures that Workgroup members note should be urgently considered for addition or removal.

Before discussing specific measures, NQF staff also reminded the Workgroup that the measures identified by NQF as potential removals do not need to be removed, only identified through the ad hoc maintenance process, and considered and discussed based on any new updates. NQF also reminded members that based on feedback from CQMC members, all voting will be conducted after the meetings via an online survey link rather than by verbal voting during the call. If the Workgroup is in consensus that a measure should not be considered for addition or removal, the measure does not need to be voted on.

Measures for Removal

0418/0418e: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan

NQF shared that the first measure flagged for discussion is the depression screening measure 0418/0418e. This measure was added to the OB/GYN core set last year, as the Workgroup considered several measures to represent preventable maternal morbidity and mortality due to depression and felt that 0418/0418e was most appropriate for the core set. However, the measure was not re-submitted to NQF for maintenance of endorsement, and therefore has lost endorsement. This measure was also flagged as high-performing in the Merit-Based Incentive Payment System (MIPS) program in 2020 based on Medicare Part B claims data (over 95% median performance).

A Workgroup member asked whether all of the measures in the core set need to be NQF-endorsed, or whether there is an alternate way to determine whether the measure is still being maintained outside endorsement. NQF staff shared that it is not a requirement for measures in the core set to be NQF endorsed, but they will follow up with the stewards to determine whether they are planning to maintain this measure outside of the NQF endorsement process. Another Workgroup member shared that they prefer that the measures be endorsed; they also shared that some physicians have difficulty collecting data for 0418 from eQMs and global OB billing and suggested that there might be a better measure available to address depression screening.

The Workgroup discussed that while 0418 is high performing in MIPS based on claims data, there is still a performance gap for this measure based on other data sources (eCQMs, MIPS CQMs). Since the Centers for Medicare & Medicaid Services (CMS) is still using this measure in its other forms in MIPS, the Workgroup agreed that there still may be room to improve performance on this measure.

Workgroup members also discussed the importance of including depression measures somewhere in the OB/GYN core set. Members emphasized the connections between behavioral health, domestic violence, and depression for mothers, and shared resources including [Committee Opinion No. 757](#) from the American College of Obstetricians and Gynecologists (ACOG)'s Committee on Obstetric Practice. A Workgroup member noted that in the long term, 0418 should be removed from the core set if it will not be maintained, but it may make sense to keep it in the core set for the short term if there is no replacement depression measure available; at least two Workgroup members agreed with this. Workgroup members asked for additional clarification on the categorization of the measure and applicable population; NQF clarified that the measure is currently categorized under Prevention and Wellness in the core set and there is a note suggesting that stratification to track depression screening for pregnant and post-partum women may be helpful, but the measure is designed for the general population and the categorization in the core set is only for organizational purposes.

A Workgroup member noted that the current core set includes *N/A: Maternity Care: Post-Partum Follow-Up and Care Coordination (MIPS ID 336)*, which also includes a screening for post-partum depression. Another member shared that NCQA's [Prenatal Depression Screening and Follow-Up \(PND\) and Postpartum Depression Screening and Follow-Up \(PDS\) measures](#) may be useful to consider as alternatives.

NQF staff shared that they will connect with the measure steward to clarify whether 0418/0418e will be maintained outside of the NQF endorsement process, and will follow up with the Workgroup with additional information on maintenance and alternative measures in the next OB/GYN meeting.

0476: PC-03 Antenatal Steroids

NQF staff gave an overview of the next measure flagged for removal, *0476: PC-03 Antenatal Steroids*. The measure developer and steward, The Joint Commission, indicated through the NQF endorsement maintenance process that they are planning to retire this measure and did not resubmit this measure for endorsement. Multiple Workgroup members agreed that this measure addressed an important topic, but performance was likely high and the measure was not distinguishing performance between facilities, so it would make sense to remove this measure from the core set. A member shared that The Joint Commission published data on this measure in their annual reports, and measure performance had reached 96% by 2017. This measure tracks whether patients received steroids at any time leading up to birth, and another measure may be developed in the future that accounts for more clinically-appropriate and specific timing.

NQF staff noted that the Workgroup was in consensus that 0476 should be removed; they will add this measure to the OB/GYN voting survey and Workgroup members will need to formally cast votes to remove 0476, as a supermajority vote is needed to make changes to the existing core set.

N/A: Non-Recommended Cervical Cancer Screening in Adolescent Females

NQF staff shared that this measure was flagged as having high performance in MIPS in 2020, with average performance of 1.6% based on MIPS CQM registry data and asked whether non-recommended screening remained a performance gap in the Workgroup's experience. A payer shared that based on their data from 2019, the number of claims for pap smears and screenings was still very high, and they would be in favor of keeping this measure in the core set to maintain consistency with ACOG recommendations. Another Workgroup member agreed.

While there were no other Workgroup comments on the measure, one Workgroup member asked whether the payer followed up with individual provider notifications and tracked the impact on performance. The payer shared that they published the data in a quarterly report and circulated a written communication-education piece among providers about non-recommended screenings but did not follow up with individual provider notifications; they are tracking performance on the measure to see if it improves but will likely need to wait until 2021 data is available due to the major disruption in services due to COVID-19 in 2020.

NQF staff confirmed that this measure will remain in the core set for the 2021 update and will not need to move to further voting this year.

Measures for Addition

NQF staff noted that as part of the ad-hoc maintenance process, the staff reviewed newly endorsed measures and measures supported for rulemaking during the Measure Applications Partnership (MAP) process. While no OB/GYN-related measures were supported for rulemaking during MAP, NQF identified two newly endorsed measures for the Workgroup to consider.

3484: Prenatal Immunization Status (Composite Measure)

NQF staff shared basic specifications for this measure, which was endorsed in the Fall 2019 cycle by the Prevention and Population Health Standing Committee. This composite measure is stewarded by NCQA and measures the percentage of deliveries where women have received their influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. NQF noted that this measure addresses one of the gap areas identified by the Workgroup last year, vaccinations in pregnant women. NQF also noted that the measure was tested at the health plan level of analysis and asked whether Workgroup members felt that individual clinicians would have influence over performance on this measure.

The Workgroup was in consensus that the topic of immunization as important and that this metric is consistent with current clinical policies and recommendations around preventive care for pregnant women. Workgroup members also discussed that providers are unlikely to reach 100% performance

on this measure given vaccine hesitancy, but they can influence performance on the measure with patient counseling and education.

The Workgroup discussed the feasibility of collecting data for this measure, as documentation may be scattered across different providers (e.g., if a patient receives their Tdap vaccine with their primary care provider but receives their annual flu shot at a pharmacy or walk-in clinic). A Workgroup member shared that payers can look at medical and pharmacy claims, or can pull data from immunization registries. Workgroup members also asked whether there is documentation of immunizations that are offered and declined, whether the measure gives “partial credit” for giving only one vaccine (e.g., Tdap vaccine without the flu vaccine), and if there are additional details available about how the composite is calculated.

A Workgroup member shared a link to an [NCQA webinar](#) on the Prenatal Immunization Status measure documentation. NQF staff also shared that they can contact the developer for additional detail on the measure calculation and documentation and can bring this information back to the Workgroup during the next OB/GYN meeting for discussion.

3543: Person-Centered Contraceptive Counseling (PCCC) Measure

NQF staff provided an overview of this measure, which was endorsed in the Fall 2019 cycle by the Perinatal and Women’s Health Standing Committee. This measure was developed by the University of California, San Francisco, and is a patient-reported outcome performance measure (PRO-PM) collected through a four-item survey where patients provide ratings from 1-5 on whether their provider respected them as a person, let them say what mattered to them about their birth control, took their preferences about birth control seriously, and provided enough information to make the best decision about their birth control method. NQF also shared that the developer originally conceptualized this measure as a balance to the U.S. Office of Population Affairs contraceptive care measures *2903: Contraceptive Care – Most & Moderately Effective Methods* and *2904: Contraceptive Care – Access to LARC* (2904 is included in the current OB/GYN core set).

Workgroup members shared that this is a useful topic that providers do not usually receive feedback on, and is especially important given the role of birth control preferences in preventing unplanned pregnancies. However, several members were concerned that survey measures might be subjective and would not be consistently implemented across practices. A Workgroup member asked whether any survey measures are already included in the OB/GYN set. NQF staff shared that survey measures are included in other CQMC core sets when the Workgroup felt that they were feasible and addressed an important topic; however, no survey measures are in the OB/GYN set at this time.

The Workgroup also discussed calculation of the measure and requested clarification on the numerator (“how many patients report a top-box (i.e., the highest possible) score of patient experience in their contraceptive counseling interaction with a health care provider during their recent visit”). Workgroup members were unclear whether this meant that providers needed to score 5’s on all four items of the survey in order to receive credit, or if providers needed to score at least one 5 in the survey. NQF staff shared that they will review and provide additional clarification on the scoring before the next OB/GYN workgroup meeting.

Additional Measures and Notes Flagged by Workgroup

0471: PC-02 Cesarean Section

NQF shared an update from a Workgroup member that this measure will be replaced by the Low-Risk Cesarean Delivery (LRCD-CH) measure in the 2021 Medicaid and CHIP Maternity Core Set. A Workgroup member asked whether the Joint Commission would also be making this switch for their perinatal bundle, but the group did not have any information on this.

Workgroup members discussed that 0471 does have high administrative burden since there is no corresponding ICD-10 code that captures nulliparity, and replacing with an alternative measure with lower burden could be useful. However, it is unclear what the specifications are of the LRCD-CH replacement measure, and whether private payers and clinicians would be able to use the data source that will be used to calculate LRCD-CH at the state level (National Vital Statistics System Natality data obtained from CDC Wide-ranging ONline Data for Epidemiologic Research [WONDER]).

A Workgroup member shared a possible reference for the CDC definition for “low-risk cesarean delivery” – a cesarean delivery among term, singleton, vertex births to women giving birth for the first time – as recorded in a resource from the [Utah Department of Health](#). The member also shared that ACOG has recently discussed the possibility of requesting the ICD-10 Coordination and Maintenance Committee to create a new code for nulliparity, and this would reduce the administrative burden of collecting 0471.

NQF staff confirmed that they will follow up for additional details on the LRCD-CH measure specifications to discuss during the next meeting.

1517: Prenatal and Postpartum Care: Postpartum Care (PPC-AD)

NQF shared that this measure is not currently in the core set, and was discussed by the Workgroup last year but was not included as providers expressed that they had no influence over when patients present for their first prenatal visit and the measure had lost NQF endorsement. NQF shared an update from a Workgroup member that the specifications for the measure have been updated, and the timeframe for this measure has shifted (new specifications include a postpartum visit on or between 7 and 84 days after delivery; previous specifications included postpartum visit on or between 21 and 56 days after delivery). The Workgroup did not offer any additional comments on this measure. This measure will not be considered further for addition.

Additional Notes in the Core Set Presentation

Finally, NQF staff asked the Workgroup whether the information in the “Notes” column of the current core set presentation was still accurate and relevant, or if any of the notes should be updated or deleted. The Workgroup did not offer any additional comments. A co-chair invited the Workgroup to submit any comments via email.



Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and will be posted on the CQMC SharePoint page. NQF will not send a voting survey at this time and will plan to circulate a voting survey after the next OB/GYN meeting, where additional information about the measures will be shared and discussed. The Workgroup was informed that the next meeting time is being scheduled for early or mid-May. Finally, NQF staff reminded the Workgroup that the first Full Collaborative meeting of the year to discuss strategic priorities is currently scheduled for April 13 from 11:00 am – 4:00 pm ET; additional information on the agenda items and dial-in will be shared via email.