Meeting Summary

OB/GYN Workgroup Web Meeting 2

The National Quality Forum (NQF) convened a web meeting for the Obstetrics and Gynecology (OB/GYN) Workgroup on May 10, 2021.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the antitrust compliance statement and acknowledged that CQMC is a member-funded effort with additional support from CMS and AHIP. 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 shared that the objective of Meeting 2 is to continue discussion on potential additions and removals to the OB/GYN core set as part of ad-hoc maintenance.

Updates on Measures Being Considered for Removal

Prior to discussion, NQF staff reminded the Workgroup that voting would not be held directly on the call but would be conducted via online survey following the meeting. NQF staff also reminded Workgroup members that detailed links and specifications are available for review in the measure scan spreadsheet attached to the meeting invitation.

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

NQF shared a recap of the Workgroup's discussion on NQF #0418 during Meeting 1. #0418/0418e was added to the core set last year in order to address depression in mothers; the measure was flagged for high performance based on MIPS claims data, but the group discussed during Meeting 1 that there is still room for improvement based on data from registry and eCQMs. NQF also shared additional detail on the endorsement status of #0418/0418e; while the measure is no longer being submitted for NQF endorsement, the steward still plans to maintain this measure separately. Furthermore, the measure remains in MIPS, and may be used in other programs.

Multiple members discussed that behavioral health and depression screening are important topics, and this depression screening measure should continue to be included in the OB/GYN core set. A member shared that they support keeping #0418 in the core set, if it is being maintained. Another member also shared that the high performance in MIPS claims is not necessarily reflective of performance in commercial populations, and it makes sense to keep #0418 in the core set.

NQF shared that since there is support to keep this measure in the core set and there were no dissenting comments, #0418/0418e will remain in the core set for this year and will not be included in

the voting list for potential removal.

N/A: Prenatal Depression Screening and Follow-Up (PND) and N/A: Postpartum Depression Screening and Follow-Up (PDS)

NQF shared that two depression screening measures (prenatal and postpartum measures) were suggested during OB/GYN Meeting 1 as alternatives to consider if #0418 was removed from the core set. These two measures are both stewarded by NCQA and are used in the HEDIS program. NQF staff asked for confirmation as to whether the Workgroup would like to further consider these measures for addition, or whether #0418 should remain the sole depression screening measure in the core set at this time.

A Workgroup member shared that these measures were of secondary interest, as they were only being considered because of the possibility that #0418 might be removed. The Workgroup agreed that these two measures should not replace #0418 but could be considered as supplemental measures to add to the core set. A co-chair noted that the Workgroup should consider whether these measures are parsimonious, and they should avoid including duplicate measures when possible. Multiple Workgroup members agreed that the postpartum period is extremely important for depression screening and poses a quality gap.

A Workgroup member asked for clarification as to whether #0418 is calculated per year or per visit, noting that it may be useful to supplement with a specific postpartum screening measure (to ensure that both prepartum and postpartum screenings are performed). NQF staff clarified that the measure numerator specifies “patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter.”

Several Workgroup members expressed concerns about the feasibility of data collection for the PND and PDS measures. A Workgroup member shared that while #0418 is widely used, it is a generalized depression screening and the specificity of these NCQA measures to pregnancy could be useful for the OB/GYN set. However, the measures are collected via Electronic Clinical Data System (ECDS) reporting rather than purely through administrative data and could be difficult to operationalize at this time. A Workgroup member noted that if the Workgroup feels that the measure is important but could be difficult to implement, they could vote to include a note that these measures are recommended if possible to implement (not officially part of the core set, but an “advanced” measure that is recommended if possible). A Workgroup member also noted that the number of postpartum depression screenings may be low for clinicians who only screen high-risk patients, which may pose a problem in terms of sample sizes. A guest measure developer also shared that in their clinical primary care practice, they ask depression screening questions at every visit for all types of care, so having all three measures would not add a burden.

NQF staff summarized that while the Workgroup would like #0418 to remain in the core set, there is interest in including the Postpartum Depression Screening and Follow-Up measure as a supplemental

measure in the OB/GYN core set. The measure may require additional notes or caveats in the core set presentation related to sample sizes and reporting feasibility if included in the core set. NQF confirmed that they will include the Postpartum Depression Screening and Follow-Up measure on the voting survey to gauge interest across the Workgroup in this measure.

Updates on Measures Being Considered for Addition

3484: Prenatal Immunization Status (Composite Measure)

NQF provided an overview of the Workgroup's discussion on #3484 during Meeting 1. The Workgroup previously discussed that this measure covered an important topic that was flagged as a gap area in the last version of the core set, and that the measure was in line with current clinical guidelines. However, the Workgroup had additional questions on the calculation of the measure and whether partial credit is possible for this measure. NQF shared that after reviewing the measure specifications submitted to NQF for endorsement, the measure does not allow for partial credit if only the influenza vaccine or only the Tdap vaccine is administered; however, if groups need additional insight on measure performance, groups can calculate separate rates for the influenza and Tdap vaccine to understand performance and guide quality improvement efforts.

A Workgroup member asked whether the measure is assessing quality of care provided by primary care physicians rather than obstetric (OB) providers, sharing the rationale that most OB providers may not see patients until they have already conceived, and they would be unable to influence patients' immunizations prior to pregnancy. Another Workgroup member clarified that the measure is meant to promote influenza vaccinations for patients who are pregnant during the usual seasonal flu months, and the Tdap vaccine is not recommended until later in the pregnancy (28-32 weeks), so the OB provider would not be held accountable for immunizations prior to a patient's course of care.

The Workgroup agreed that the measure was important, provided a quality addition to the core set, and is aligned with guidelines from the American College of Obstetricians and Gynecologists (ACOG). NQF confirmed that this measure will be included in the voting survey for potential addition to the core set.

3543: Person-Centered Contraceptive Counseling (PCCC) Measure

NQF staff provided a review of discussion of NQF #3543 to date. This measure is a patient-reported outcome-based performance measure (PRO-PM) that the Workgroup felt addressed an important topic, but the Workgroup wanted additional information on the measure calculation (namely, whether partial credit was possible on the measure) and implementation feasibility. NQF shared clarification from the developers that the measure is scored dichotomously and providers would need to achieve the highest possible rating on all four items of the survey to receive credit. NQF also shared that the measure developers were available on the meeting to answer any additional questions on the measure. NQF introduced representatives from the University of California, San Francisco, as the measure developer of NQF #3543.

A Workgroup member asked for additional clarification on the rating scale range and wording. The measure developer shared that the rating scale is on a scale from 1 to 5, where a 5 represents a rating of "excellent" visit experience. The developer also shared additional background on the feasibility of achieving all four top-box scores and noted that while the scoring system may seem difficult, this is the same structure that the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure uses (top-box scoring). The developer also shared that during testing, they found that patients were reluctant to express any dissatisfaction with their providers and provider scores were as high as 97% during testing, deeming the top-box scoring methodology as reasonable for determining measure performance. A Workgroup member commented that while requiring all four items to achieve top-box scores is a high bar for providers, it is a good challenge that can drive quality improvement.

A Workgroup member asked whether the developers could elaborate on the rationale for developing the measure. The developer shared that there has been increasing attention over the past 15 years on the importance of a positive relationship with reproductive healthcare providers. During this time, there has been enthusiasm over long-acting reversible contraception (LARC) because of its high efficacy and desirability; however, some of this enthusiasm may inadvertently encourage providers to pressure patients into using certain contraceptive methods (e.g., discouraging patients to remove LARC even when they would prefer to switch to another method). Negative experiences with reproductive healthcare providers can translate to less longitudinal engagement with providers for future reproductive healthcare services. This measure is meant to serve as a 'balance' to other measures, to further encourage patient-centered care and choice.

A Workgroup member shared that this measure is important and addresses an identified quality gap but may feel like a big shift for OB providers to become accustomed to. The member asked if the developers could share additional information on implementation and piloting. The provider shared that when they were testing the measure, it was implemented in 10 health centers across the country as well as being used by the Oregon Health Authority. Since the measure was endorsed by NQF, it is planned to be implemented with Planned Parenthood affiliates across the country and has already been implemented in 12 community health centers with success.

NQF thanked the developers for attending and sharing this information on the measure and confirmed that since there is interest from the Workgroup on adding this measure to the core set, #3543 will be included in the voting survey.

Update on Other Measure Changes

0471: PC-02 Cesarean Section

NQF staff provided an additional update on NQF #0471: PC-02 Cesarean Section. During Meeting 1, the group discussed that this measure is being replaced with the CDC's Low-Risk Cesarean Delivery (LRCD-CH) measure in CMS' Medicaid and CHIP Maternity Core Set, and that it may have administrative burden due to lack of ICD-10 codes capturing nulliparity. NQF shared that the Joint

Commission will continue to use #0471/PC-02 in the 2021 Perinatal Care set and #0471/PC-02 was re-endorsed by NQF in November 2020. Additional specifications for the LRCD-CH measure were included in the measure scan for Workgroup review.

A Workgroup member shared that LRCD-CH is only reported at the state level and cannot be broken down to the hospital or practice level. Workgroup members also noted that Medicaid covers about half of deliveries in the United States vs. Joint Commission covering more than 80% of deliveries, and both measures still suffer from the lack of an ICD-10 code for nulliparity. A Workgroup member also noted if that the group was to consider LCRD-CH, it would probably be more appropriate for discussion during a full-maintenance year within CQMC, instead of during an ad-hoc maintenance year.

NQF confirmed that #0471/PC-02 will remain in the core set for this year and will not be included in the voting survey.

Next Steps

NQF staff shared that they will summarize discussion from Meeting 2 and will circulate the meeting summary with the Workgroup, as well as post the summary on the CQMC SharePoint site. NQF also shared that they will circulate a voting survey that reflects the discussion from Meetings 1 and 2, and the voting period will be open for four weeks. NQF will follow up with the group via email for any additional follow-ups, and the final voting and discussion will occur at the full Collaborative level later in the year. NQF thanked the co-chairs for their leadership and invited them to provide closing remarks. The co-chairs thanked the Workgroup for their participation and wished participants a belated Happy Mother's Day.