

Meeting Summary

Core Quality Measures Collaborative

Obstetrics/Gynecology Workgroup Meeting #2

The National Quality Forum (NQF) convened a closed session web meeting for the Obstetrics/Gynecology Workgroup on September 9, 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 notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Review the CQMC decision-making process
- Briefly review the current core set
- Evaluate new measures for addition to the core set

Decision-Making Process

Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup would thoroughly discuss each measure and all views would be heard. Measures for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Measures for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. If reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

NQF staff informed the Workgroup that voting for measures for addition and removal from the core set would be done electronically through a survey link that would be emailed to voting members after all measures were discussed.

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”).

Review of the Current Core Set

NQF staff reviewed the current core set for Obstetrics/Gynecology. NQF staff highlighted that there are 11 measures categorized as Ambulatory and Hospital/Acute Care. Clinician-level measurement is the primary focus of all CQMC core sets; however, in some cases facility measures were selected in the absence of available measures to address a key gap area.

NQF#	Measure	Steward	Endorsement Status
1391	Frequency of Ongoing Prenatal Care	NCQA	Endorsement removed
0032	Cervical Cancer Screening	NCQA	Endorsed
N/A	Non-recommended Cervical Cancer Screening in Adolescent Females	NCQA	N/A
1395	Chlamydia Screening and Follow Up	NCQA	Endorsement removed
2372	Breast Cancer Screening	NCQA	Endorsed
0567	Appropriate Work Up Prior to Endometrial Ablation Procedure	Health Benchmarks-IMS Health	Endorsement removed
0470	Incidence of Episiotomy	Christiana Care Health System	Endorsed

0469	PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed)	The Joint Commission	Endorsed
0471	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	The Joint Commission	Endorsed
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)	The Joint Commission	Endorsed
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.)	The Joint Commission	Endorsed

NQF staff reviewed the 11 current Obstetrics/Gynecology core set measures. NQF staff noted that measures 1391, 1395, and 0567 are no longer NQF endorsed. Measure 1391 was withdrawn by the developer during the comment period in 2016. There was concern about the evidence for the visit schedule and question regarding the link between the number of visits and outcomes, though it was noted the measure is a proxy for access. Measures 1395 and 0567 were also withdrawn by the developer. The Workgroup was interested in ensuring the timeframe for measure 0476, which based on NQF's records has been updated to 24-34 weeks, is appropriate. It was noted in guidelines the time period is up to 36 weeks.

Measures Previously Reviewed but Not Selected

NQF staff briefly shared measures that were reviewed by the Obstetrics/Gynecology Workgroup in 2016 but were not selected for inclusion in the core set.

- NQF #0608: Pregnant women that had HBsAg testing
- NQF #0651: Ultrasound determination of pregnancy location for pregnant patients with abdominal pain
- NQF #0652: Rh immunoglobulin (Rhogam) for Rh negative pregnant women at risk of fetal blood exposure
- NQF #0652: Rh immunoglobulin (Rhogam) for Rh negative pregnant women at risk of fetal blood exposure
- NQF #1406: Risky Behavior Assessment or Counseling by Age 13 Years
- NQF #1507: Risky Behavior Assessment or Counseling by Age 18 Years
- NQF #1517: Prenatal & Postpartum Care (PPC)
- NQF #1746: Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)
- N/A: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks (2014 PQRS Measure)
- N/A: Maternity Care: Post-Partum Follow-Up and Care Coordination (2014 PQRS Measure)

The Workgroup expressed interest in reviewing 0469: *PC-01 Elective Delivery* against the previously discussed measure *Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks (2014 PQRS Measure)* to decide which specifications are updated. The Workgroup also wanted to re-discuss *Maternity Care: Post-Partum Follow-Up and Care Coordination (2014 PQRS Measure)*.

Evaluation of New Measures

NQF staff shared findings from the environmental scan of Obstetrics/Gynecology measures, which included NQF-endorsed measures and measures used in MIPS and other federal programs with specifications publicly available. The measures were categorized as Preventative Care/Well Woman, Maternal and Perinatal Care, Behavioral Health, and Other.

Preventative Care/Well Woman

N/A: HIV Screening

The Workgroup was in favor of the measure but requested evidence and performance data. Also of concern to the Workgroup was the denominator which was noted as not being very clear. The Workgroup asked NQF staff to provide clarification during the next web meeting. The Workgroup agreed to keep the measure on the voting list.

2902: Contraceptive Care – Postpartum

A member inquired if ACOG is focusing on the measure. A Workgroup member responded that ACOG is focusing on comprehensive post-partum care generally. At least one member noted that the measure is important. The Workgroup agreed to keep the measure on the voting list.

2903: Contraceptive Care-Cost & Moderately Effective Methods

NQF staff noted that the measure had not been tested at the clinician level but is used by Medicaid and CHIP. The Workgroup was also advised that the measure was being considered by the Pediatric and ACO and PCMH/Primary Care Workgroups. The Workgroup agreed that contraceptive care is important. There was some concern about the level of analysis for all the contraceptive care measures. The Workgroup questioned whether the measure excludes patients with a diagnosis of infertility or that have undergone a hysterectomy. The Workgroup suggested having the list of exclusions expanded. NQF suggested adding potentially adding a note to the measure if it is added into the core set, but stated that the goal is to be able to use the measures without changing the specifications. The Workgroup decided to remove this measure from consideration since they preferred the other contraceptive care measures focused on LARC and postpartum.

2904: Contraceptive Care-Access to LARC

NQF shared that the measure was not tested at the clinician level of analysis, but that it was being considered by the Pediatric and ACO and PCMH/Primary Care Workgroups. A member shared that the measure may be more suitable at the health plan level and that its use at the clinician level would require that the measure be complimentary to the population/health plan level measure. The Workgroup agreed to keep the measure on the voting list.

Maternal and Perinatal Care

1517: Prenatal and Postpartum Care (PPC)

NQF shared that in 2016 some members preferred this measure to measure *1391: Frequency of Ongoing Prenatal Care* which is in the current core set but has lost endorsement. Workgroup members who were in favor of the measure expressed that this measure focuses on accessing care, an important area. Workgroup members who were not in favor of the measure noted that clinicians have no control over when patients present for their first prenatal visit and therefore should not be held accountable. The Workgroup agreed to remove the measure from the voting list.

0716: Unexpected Complications in Term Newborns

The measure was noted as an important balance to measures *0469: PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean)* and *0471: PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)* in the current core set. A member suggested excluding moderate complications (e.g. jaundice) which are common

in newborns and concentrating on severe complications identified via ICD-10 codes. The Workgroup agreed to keep the measure on the voting list.

1731: PC-04 Health care-Associated Bloodstream Infections in Newborns

A co-chair noted that the measure was outside the scope of the core set and within the realm of neonatology. The Workgroup agreed with the co-chair's comments and requested that the measure be removed from the voting list.

0483: Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity

A co-chair noted that the measure was outside scope and within the realm of pediatric care. The Workgroup agreed with the co-chair's comments and requested that the measure be removed from the voting list.

Behavioral Health

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

NQF shared that the measure is being considered by the Pediatric and ACO and PCMH/Primary Care Workgroups. A member noted that the measure focuses on general depression and not depression related to pregnancy. NQF noted that there is no specific pregnancy depression measure available. A member inquired about the frequency/timing of the screening as patients are bound to have multiple encounters. A Workgroup member shared that there is a measure, *Behavioral Health Risk Assessment for Pregnant Women*, currently used by CMS in Medicaid. The Workgroup member offered to share the measure specifications after the meeting. The Workgroup agreed to keep the measure on the voting list and review it together with the *Behavioral Health Risk Assessment for Pregnant Women* measure during the next meeting.

0712e: Depression Utilization of the PHQ-9 Tool

The Workgroup found the measure too prescriptive in terms of the tool used. A member questioned the importance of focusing on screening patients who already have a depression diagnosis. The measure was noted as accompanying a measure that assesses remission. The Workgroup agreed that the measure be removed from the voting list.

A member requested that the Workgroup review HPV vaccination measures during the next meeting. NQF advised that they would scan for appropriate HPV vaccination measures and bring them forward for discussion in the next meeting.

Next Steps

NQF staff shared that during the next meeting the Workgroup will continue to review measures for addition, including measures in the "Other" category and measures requested to be discussed by Workgroup members. The Workgroup will also discuss the current core set for potential removals.