

Meeting Summary

Core Quality Measures Collaborative

Obstetrics/Gynecology Workgroup Meeting 3

The National Quality Forum (NQF) convened a closed session web meeting for the Obstetrics/Gynecology Workgroup on November 25, 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 deleted as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Address follow-up items from the previous call
- Continue to evaluate new measures for addition to the core set
- Review current core set measures for potential measure removals

Decision-Making Process

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. Following the Workgroup vote, the core set will be presented to the Steering Committee then Full Collaborative for final approval. Additional information about the quorum and voting processes as well as the measure selection principles were discussed during previous meetings and included as an appendix in the slide deck.

Evaluation of New Measures

Follow-Up Items

During the previous meeting, Workgroup members raised questions about several measures proposed for addition and suggested a few additional measures for consideration. NQF provided follow-up information and invited additional discussion.

N/A: HIV Screening Measure

During the second meeting, Workgroup members requested additional details for this measure. NQF reviewed the specifications, evidence, and performance data based on testing at five community health centers (included in Excel sheet). NQF also added that the HIV Workgroup supported inclusion of this measure and that it is used in MIPS. The Workgroup decided to keep this measure on the list for voting.

N/A: Behavioral Health Risk Assessment for Pregnant Women

During the second meeting, a Workgroup member requested review of this measure for potential addition. NQF summarized the measure details and noted that the measure was removed from the Medicaid Child Core Set in 2018. This measure is no longer being maintained by the measure steward.

One member shared that the Society for Maternal-Fetal Medicine is exploring measure development to fill the recognized gap related to behavioral health care for women who are pregnant and post-partum. It was also shared that the National Committee for Quality Assurance (NCQA) is testing a measure related to this topic area. The group agreed that since the currently proposed measure is not being used or maintained it should be removed from consideration. The Workgroup suggested this topic area should remain a gap for the core set.

0469: PC-01 Elective Delivery (current core set measure) and N/A: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks

During the second meeting, a Workgroup member requested that the specifications of these two measures be compared to determine which are updated. NQF included details of these measures in the Excel sheet. NQF shared that the specifications for both measures are updated and both measures use the same timeframe and aim to reduce the occurrence of inappropriate elective deliveries. The measures use different data sources. The Workgroup discussed that the Joint Commission's measure 0469 is a maternity core measure at the facility level, while the other measure is used at the clinician level in MIPS. It was emphasized that the level of analysis of both measures should be clearly noted. The Workgroup voiced support for the measures based on the importance of this topic area. There was conversation that the MIPS measure uses data that is collected and submitted to CMS via a registry and is calculated using G-codes. A member shared that some registries pull data automatically and for others the information has to be manually entered. The Workgroup decided to keep both of these measures on the list for potential addition.

N/A: Maternity Care: Post-Partum Follow-Up and Care Coordination

During the second meeting, a member recommended that the Workgroup discuss this measure. It was originally discussed in 2015/2016, but it was not selected for inclusion in the core set. There was a request for clarification regarding implementation details of this measure (e.g., considerations if the birthing physician is different than the physician providing regular care or if the mother does not seek maternal care). The Workgroup decided to add this measure to the list for voting.

Measure Decisions from Meeting #2

NQF briefly summarized the Workgroup's progress and decisions during the previous meeting. The Workgroup was in consensus to keep 5 measures and remove 5 measures from the final voting list.

Keep for Voting:

N/A: HIV Screening

2902: Contraceptive Care – Postpartum

2904: Contraceptive Care-Access to LARC

0716: Unexpected Complications in Term Newborns

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

Remove from Consideration:

2903: Contraceptive Care-Cost & Moderately Effective Methods

1517: Prenatal and Postpartum Care (PPC)

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

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

0712e: Depression Utilization of the PHQ-9 Tool

Discussion of Measures for Addition (Continued)

2063: Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury

NQF provided the measure specifications, and a Workgroup member shared that benign hysterectomy cystoscopy is standard of care. Another member noted that there was some variation

in practice performance. Other notes the measure had relatively high performance without much variation. The Workgroup agreed to keep the measure on the voting list.

N/A: Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence

NQF staff highlighted the measure specifications. The measure, like the other measures being discussed related to pelvic organ prolapse, is currently used in MIPS. There was some concern about the exclusion of “documentation of reason for not documenting a preoperative assessment”. The Workgroup decided to keep the measure on the voting list.

N/A: Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy

NQF staff highlighted the measure specifications. The Workgroup agreed that uterine malignancy is an important topic to track. The Workgroup agree to keep this measure on the list for voting.

N/A: Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair

NQF provided the measure specifications. A member noted that the measure requires self-reporting on the part of physicians and that some physicians may not be as forthcoming. The Workgroup had concern about the exclusions listed in the measure specifications and that they would remove from measurement an important population. The Workgroup decided to remove the measure from consideration.

N/A: Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair

NQF staff shared the measure specifications. The Workgroup expressed support for the measure, noting that it is an outcome measure. The Workgroup decided to keep the measure on the voting list.

N/A: Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair

NQF staff highlighted the measure specifications. Like the bladder injury measure, the Workgroup had concerns over the measure’s exclusions. The Workgroup decided to remove the measure from consideration.

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

NQF staff summarized the specifications. The Workgroup discussed that the measure has an extensive list of exclusions for various combination and individual risk factors, which at least one member expressed were appropriate. The Workgroup agreed this measure is important to promote appropriate use of DXA scans. The Workgroup decided to include the measure on the voting list.

0033: Chlamydia Screening in Women (CHL)

NQF staff highlighted the measure specifications. A member questioned why the screening was only up to age 24 years. Another member noted that this is per ACOG guidelines. A member inquired how to identify sexually active individuals. There was discussion that pharmacy data (see Contraceptives Medications List) and claim/encounter data (Pregnancy Value Set, Sexual Activity Value Set, and Pregnancy Tests Value Set) are used to identify sexually active women. The Workgroup decided to keep the measure on the voting list for potential addition.

1407: Immunizations for Adolescents

NQF staff highlighted the measure specifications. The measure was noted as being in the CQMC Pediatrics core set. The Workgroup agreed that the measure is important, but discussed that it is more suited for the pediatrics core set, rather than specific to obstetrics/gynecology. The Workgroup decided to remove the measure from the voting list.

1959: Human Papillomavirus Vaccine for Female Adolescents (HPV)

NQF staff highlighted the measure specifications. The Workgroup discussed that this measure is also a better fit for the pediatrics core set based on the target population and the age range of patients usually being seen for OB/GYN care. The Workgroup decided to remove the measure from the voting list.

Review of the Current Core Set

NQF staff reviewed the current core set for Obstetrics/Gynecology. NQF shared performance data, use information, and other relevant notes for the 11 measure currently in the core set. The Workgroup discussed whether each measure should be flagged for removal, pending a formal vote.

1391: Frequency of Ongoing Prenatal Care

This measure assesses the number of women who had the expected number of prenatal visits, broken down into five categories (e.g., <21%, 21-40%). NQF staff shared this measure was withdrawn from NQF endorsement evaluation in 2016 and is no longer endorsed. It was noted by NQF staff that, when the measure was being evaluated by the NQF Standing Committee, some concerns were raised about the measure's evidence. Specifically, there was concern about the link between visit number and patient outcomes and that the measure does not assess the capacity of a plan to provide prenatal care. Plan performance information indicated that there was room for improvement. It was noted that the measure was removed from the Medicaid Child Core Set in 2018. Based on the information provided, the Workgroup decided to put this measure up for a removal vote.

0032: Cervical Cancer Screening

This NQF-endorsed measure assesses the number of women 21-64 years of age who were screened for cervical cancer. The Workgroup agreed the measure remains important and is used across various programs. It was discussed that the cervical cytology/HPV screening and frequency of pap smear recommendations have been updated, but the Workgroup confirmed the specifications were up to date. The Workgroup was in consensus to keep the measure in the core set.

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

This measure used in MIPS focuses on the percentage of female adolescents 16–20 years of age who were unnecessarily screened for cervical cancer. It uses registry data. MIPS benchmarking data from 2018 shows some variation in performance, though rates are generally low as expected. The Workgroup decided to keep this measure in the core set as they discussed that some providers are still doing unnecessary screenings.

1395: Chlamydia Screening and Follow Up

This measure assesses percentage of female adolescents 18 years of age who had a chlamydia screening test with proper follow-up. MIPS benchmarking data was not available, and the measure is no longer used in the MIPS program. It was withdrawn from NQF endorsement review since it was not being used. It was noted that MIPS now uses measure 0033, which is being discussed for potential addition to the core set. The Workgroup decided to put this measure up for a removal vote.

2372: Breast Cancer Screening

This NQF-endorsed measure focuses on the percentage of women 50-74 years old who had a mammogram to screen for breast cancer. This measure is used across various federal programs. NQF shared MIPS benchmarking data. The Workgroup discussed that there was additional room for improvement. The Workgroup decided to keep this measure in the core set.

0567: Appropriate Work Up Prior to Endometrial Ablation Procedure

This measure assesses women that have an endometrial sampling performed before undergoing an endometrial ablation. This measure is no longer NQF endorsed as it was not submitted for

maintenance of endorsement. This measure is used in MIPS; benchmarking data was not available. The Workgroup had previously discussed that the procedure usually requires pre-authorization. The Workgroup decided to vote on whether or not the measure should be removed from the core set.

0470: Incidence of Episiotomy

This NQF-endorsed measure assesses the percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed. NQF reviewed that the measure is used as a National Perinatal Information Center, Inc (NPIC) Metric, in the American College of Obstetricians and Gynecologists' (ACOG) Maternity Care Program, and by the California Maternal Care Quality Collaborative (CMQCC). It was discussed that based on NQF review in 2016, there was variation in performance between hospitals. The Workgroup decided to keep this measure in the core set.

0469: PC-01 Elective Delivery

This NQF-endorsed measure assesses patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed. The Workgroup discussed that this measure addresses an important topic. The Workgroup was interested in performance of this measure. NQF shared that data from 2014 showed that mean performance of 3.3% and a range of 0 to 8.7%. The Workgroup noted the measure is used across various programs. The Workgroup decided to keep the measure in the core set.

0471: PC-02 Cesarean Section

This NQF-endorsed measure focuses on nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. Based on 2014 data, mean hospital performance was 26.8% with a 26% gap between the 10th and 90th percentiles. The measure is in the Medicaid Child Core Set and used for Hospital Accreditation and in Perinatal Care Certification. The Workgroup discussed the importance of the Joint Commission's perinatal care set measures. The Workgroup decided to keep this measure in the core set.

0476: PC-03 Antenatal Steroids

This NQF-endorsed measure assesses patients at risk of preterm delivery at ≥ 24 and < 34 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure was removed from the Medicaid Adult Core Set. Based on NQF Review in 2016, measure performance increased from 54% in 2011 to 82% in 2014. The Workgroup was interested in ensuring the timeframe for this measure is appropriate. It was noted the timeframe had been updated from 24-32 weeks to 24-34 weeks. The Workgroup agreed with the updates. The Workgroup agreed to keep the measure in the core set.

0480: PC-05 Exclusive Breast Milk Feeding and the subset measure

This NQF-endorsed 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. Based on NQF Review in 2016, in over half of the Joint Commission hospitals that reported this measure, rates were less than 50%. In the 10th percentile, hospitals' mean performance was at 22%. This measure is used in various federal programs. The Workgroup decided to keep this measure in the core set.

Next Steps

NQF staff shared that an electronic voting survey will be sent to the voting Workgroup members. NQF staff shared that during the next meeting scheduled for January 20, 2020 from 1:00pm-3:00pm, ET the Workgroup will discuss voting results and implementation and adoption.