



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Perinatal and Women's Health, Spring 2021 Measure Review Cycle Measure Evaluation Standing Committee Meeting

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Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Optional: Dial **1-844-621-3956**; Access code: **173 709 3571**
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - Video: when you are speaking
 - Chat box: to message NQF staff or the group
 - Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at perinatal@qualityforum.org

Welcome



Project Team — Perinatal and Women’s Health

- Chelsea Lynch, MPH, MSN, RN, CIC, Director
- Erin Buchanan, MPH, Manager
- Yemsrach Kidane, PMP, Project Manager
- Hannah Ingber, MPH, Senior Analyst
- Sharon Hibay, DNP, BS, RN, NQF Senior Consultant



Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest



Perinatal and Women's Health Standing Committee

- **Martha Carter, DHSc, MBA, APRN, CNM, FACNM (Co-chair)**
- **Kimberly Gregory, MD, MPH (Co-chair)**
- Jill Arnold
- J. Matthew Austin, PhD
- Jennifer Bailit, MD, MPH
- Amy Bell, DNP, RNC-OB, NEA-BC, CPHQ
- Tasha Cooper, RN
- Christina Davidson, MD
- Ashley Hirai, PhD
- Lisa Holtzclaw, DNP, BS, MHA, RN
- Mambarambath Jaleel, MD
- Diana Jolles, CNM, MS, PhD
- Elizabeth Jones, MPA
- Sue Kendig, JD, WHNP-BC, FAANP
- Deborah Kilday, MSN, RN
- Sarah McNeil, MD
- Jennifer Moore, PhD, RN, FAAN
- Sarah Nathan, MSN, RN, FNP
- Kristi Nelson, MBA, BSN
- Sheila Owens-Collins, MD, MPH, MBA
- Diana E. Ramos, MD, MPH, FACOG
- Sindhu Srinivas, MD, MSCE
- Nan Strauss, JD
- Angeline Ti, MD, MPH
- Rajan Wadhawan, MD, MMM, CPE, FAAP

Overview of Evaluation and Voting Processes



Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Perinatal and Women's Health measures



Meeting Ground Rules

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Standing Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee
- Full Standing Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion



Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Standing Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.

Achieving Consensus

- Quorum: 66% of active Standing Committee members (17 of 25 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Standing Committee will not revote on the measures during the post comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



Standing Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during their absence.



Evaluation Process Questions?

Voting Test

Measures Under Review



Spring 2021 Cycle Measures

- **4 Maintenance Measures for Standing Committee Review**
 - ▣ 0033 Chlamydia Screening in Women (National Committee for Quality Assurance)
 - ▣ 2902 Contraceptive Care – Postpartum (Health and Human Services Office of Population Affairs (HHS OPA)/Far Harbor)
 - ▣ 2903 Contraceptive Care – Most & Moderately Effective Methods (HHS OPA/Far Harbor)
 - ▣ 2904 Contraceptive Care – Access to LARC (HHS OPA/Far Harbor)



NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.



NQF Scientific Methods Panel Review

- The SMP independently evaluated the Scientific Acceptability of these measures:
 - ▣ 2902 Contraceptive Care – Postpartum (HHS OPA/Far Harbor)
 - » Reliability – Moderate
 - » Validity – Moderate
 - ▣ 2903 Contraceptive Care – Most & Moderately Effective Methods (HHS OPA/Far Harbor)
 - » Reliability – High
 - » Validity – Moderate
 - ▣ 2904 Contraceptive Care – Access to LARC (HHS OPA/Far Harbor)
 - » Reliability – Moderate
 - » Validity – Moderate
- Scientific Acceptability is a must-pass criteria. The SMP passed all measures on reliability and validity

Consideration of Candidate Measures



0033 Chlamydia Screening in Women

- **Measure Steward:** National Committee for Quality Assurance
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Break (Return at 12:45 pm ET)



2902 Contraceptive Care – Postpartum

- **Measure Steward:** HHS OPA/Far Harbor
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of women ages 15-44 who had a live birth that are provided:
1) A most effective or moderately effective method of contraception within 3 and 60 days of delivery or 2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.
 - » Most effective - sterilization, implants, intrauterine devices or intrauterine systems
 - » Moderately effective - injectables, oral pills, patch, or ring



2903 Contraceptive Care – Most & Moderately Effective Methods

- **Measure Steward:** HHS OPA/Far Harbor
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of women ages 15-44 at risk of unintended pregnancy that are provided a most effective or moderately effective method of contraception
 - » most effective - sterilization, implants, intrauterine devices or intrauterine systems
 - » moderately effective - injectables, oral pills, patch, or ring
 - » removed diaphragm from the list of moderate contraceptive methods



2904 Contraceptive Care – Access to LARC

- **Measure Steward:** HHS OPA/Far Harbor
 - ▣ Maintenance measure
- **Brief Description of Measure:**
 - ▣ Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (LARC)
 - » LARC - implants, intrauterine devices or intrauterine systems

Break (Return at 4:30 pm ET)

Related and Competing Discussion



Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Standing Committee will not be asked to select a best-in-class measure if all related and competing measures are not currently under review. Standing Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



Related Measure for #0033

- 0409 HIV/AIDS: Sexually Transmitted Diseases Screening for Chlamydia, Gonorrhea, and Syphilis – National Committee for Quality Assurance
- **Brief Description of Measure:**
 - ▣ Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection



Related Measure for #2902, #2903, and #2904

- 3543 Person-Centered Contraceptive Care (PCCC) – University of California San Francisco
- **Brief Description of Measure:**
- The PCCC is a four-item patient-reported outcome performance measure (PRO-PM) designed to assess the patient-centeredness of contraceptive counseling at the individual clinician/provider and facility levels of analysis.
- Patients are asked to rate how well their individual health care provider did at each of the following, with each item presented on a 5-point Likert scale with responses ranging from 1 (“Poor”) to 5 (“Excellent”):
 - ▣ Respecting me as a person
 - ▣ Letting me say what matters to me about my birth control
 - ▣ Taking my preferences about my birth control seriously
 - ▣ Giving me enough information to make the best decision about my birth control method
- A facility’s score is calculated as the percentage of facility patients who gave the highest rating for all four questions.

NQF Member and Public Comment

Next Steps



Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing Committee's discussion and recommendations
- This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



Activities and Timeline – Spring 2021 Cycle

***All times ET**

Meeting	Date, Time
Draft Report Comment Period	August 27 – September 27
Standing Committee Post-Comment Web Meeting	October 29, 1:00-4:00 pm
CSAC Review	November 30 – December 1
Appeals Period (30 days)	December 7, 2021 – January 5, 2022



Next Cycle – Fall 2021 Cycle Updates

- Intent to submit deadline is August 2, 2021
- 1 maintenance measure is expected; 1 new measure is expected
- Topic areas:
 - ▣ Newborn screening
 - ▣ eCQM for contraceptive care



Project Contact Info

- Email: perinatal@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
[http://www.qualityforum.org/Perinatal and Womens Health.aspx](http://www.qualityforum.org/Perinatal_and_Womens_Health.aspx)
- SharePoint site:
<https://share.qualityforum.org/portfolio/Perinatal/SitePages/Home.aspx>

Questions?

THANK YOU.

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