Measure Alignment Work Group
Maternity Care Measure Set
Meeting Summary

June 23, 2021, 1:00 P.M. to 3:00 P.M.

Summary of Recommendations:

- Adopt the equity-focused criterion and revise to specify consideration of RI data where available.
- Adopt the outcome-focused criterion and revise to indicate the intention to move toward validated outcome measures where they exist.
- Continue maintaining the Maternity Care Measure Set.
- Retain all seven measures currently included in the Maternity Care Measure Set.
- Keep watch on *Exclusive Breast Milk Feeding (PC-05)* and *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)*, which CMS proposed removing in 2024.
- Add *Live Births Weighing Less than 2,500 Grams* to the Maternity Care Measure Set as a Menu measure.
- Adopt an RELD measure as a Menu measure in the Maternity Care Measure Set and stratify for *Prenatal & Postpartum Care (Timeliness of Prenatal Care* and *Postpartum Care Rate)* and *Behavioral Health Risk Assessment Screening*.

Summary of Next Steps:

- Bailit Health will confirm for Jay Buechner the calculation of RI Medicaid performance for *Prenatal & Postpartum Care – Postpartum Care Rate.*
- The Work Group will revisit the new CMS maternal mortality measure during its 2023 Annual Review after benchmark data are available.

Meeting Notes:

1. Marea Tumber welcomed the Work Group members to the second meeting of the 2021 Annual Review.
2. **Follow-up from June 9th Meeting**

a. Michael Bailit summarized the recommendations made by the Work Group during its June 9th meeting.

b. **Review Proposed Language for Equity-focused Criteria**

   i. Michael reminded the Work Group that during the June 9th meeting the Work Group discussed the measure selection criteria and recommended adding an equity-focused criterion and an outcome-focused criterion. Michael shared Bailit Health's proposed criteria to apply to the measure set as a whole (and not to individual measures):

      1. *Includes topics and measures for which there are known opportunities to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics.*
      2. *Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.*

   ii. **Discussion**

      1. Michael explained, in response to a question from Gina Roche, that for the equity-focused criterion the Work group could adopt a goal of including at least one measure that specifically targets equity improvement. He noted that the Work Group doesn't control the terms of contracts between providers and payers.
      2. Peter Hollmann supported the proposed criteria as written.
      3. Matt Collins supported the criteria but suggested editing the equity-focused criterion to read "demonstrated evidence of disparity in the world" given the limited evidence of disparities specific to RI.
      4. Jay Buechner said he was concerned about the outcome-focused criterion because of the need to also prioritize population health and prevention (e.g., screenings, immunizations, etc.).
         a. Sheila Newquist agreed with Jay and recommended editing the statement to read "consider health outcome measures when available over process measures."
         b. Commissioner Patrick Tigue said his intention in highlighting health outcomes was to move incrementally toward validated outcome measures where they exist.
      5. **Recommendation:** Adopt the equity-focused criterion and revise to specify consideration of RI data where available.
      6. **Recommendation**: Adopt the outcome-focused criterion and revise to indicate the intention to move toward validated outcome measures where they exist.

c. **New Work Group Organizations and Members**

   i. Michael shared that OHIC added Thundermist to the list of designated participating and voting organizations in the Work Group because it is a new AE as of July 2021.

   ii. Victor Pinkes (BCBSRI), a new Work Group participant, introduced himself.

3. Rhode Island Maternal Psychiatry Resource Network (MomsPRN) Program

a. Jim Beasley shared that the RIDOH received a five-year grant from the Health Resources and Services Administration (HRSA) to support perinatal providers. Jim said he hoped the MomsPRN program could inform the Work Group's behavioral health screening conversation.

b. Dr. Margaret Howard, Division Director from Women and Infants Hospital (W&I) gave an overview of the program. MomsPRN established a referral network with the goal of providing universal screening to all perinatal women in RI for depression, anxiety, and substance abuse. Dr. Howard shared that one of the key features of the program is a resource and referral specialist who provides same-day consultations with perinatal psychiatrist. Dr. Howard said RIDOH is evaluating the program and CTC-RI is helping to implement the protocols. Dr. Howard emphasized that RI is small but has a wealth of perinatal mental health specialists.

c. **Discussion**
   i. Michael reminded the Work Group about the *Behavioral Health Risk Assessment Screenings* core measure in the Maternity Care Measure Set.
   ii. Pat Flanagan said working with Margaret Howard's team has been extraordinary and screening has not been problematic because of RI's resources.
   iii. Pano Yeracaris said (in the chat) that the behavioral health screening measures are not widely used. He supported implementing them as reporting measures with OBs first.

4. Review Maternity Care Aligned Measure Set Measures

a. Michael provided a brief history of the Maternity Care Measure Set and noted that no insurers have used the Measure Set since at least 2019. He shared that the Work Group decided to continue to maintain the Maternity Care Measure Set during the 2019 Annual Review because two payers anticipated moving toward a value-based payment arrangement for maternity services. He asked the Work Group if it wished to continue to maintain the Measure Set.
   i. **Discussion**:
      1. Matt Collins said he would like to maintain the Measure Set because it is an opportunity to improve maternal health disparities. Stephanie de Abreu agreed with Matt.
      2. Renee Nefussy said that although the Maternity Care measures are not being used in contracts, plans use the measures internally.
      3. Susanne Campbell said (in the chat) that practices participating in the MomsPRN program are also tracking screening rates (including positive screens) for depression, anxiety and substance use disorder.
      4. **Recommendation:** Continue maintaining the Maternity Care Measure Set.

b. Michael reminded the Work Group that the 2021 Maternity Care Aligned Measure Set includes seven measures (three Core, four Menu, and zero Developmental).

c. Michael summarized the equity review and opportunity-for-improvement review that Bailit Health conducted for each measure. He shared that Bailit Health also researched measure status and specification changes and surveyed RI insurers to identify which measures they were using in contracts (three of four insurers submitted data).

d. **Discuss Measures with Significant Specification Changes and "Topped Out" Measures**
   i. Michael shared that there were no measures that had major status or specification changes in 2021 and there were no measures that were "topped out," i.e., have an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile.

e. **Review of Remaining Measures**

Measure Name	Recommendation	Discussion

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Behavioral Health Risk Assessment Screenings	Retain	Sheila Newquist asked why the Work Group selected this as a Core measure if there were no performance data available. Michael said his recollection was that the Work Group felt behavioral health risk assessment was a high priority for maternal care. Deepti Kanneganti shared that the measure is a patient-reported outcome-based measure, based on the administration of a screening tool. Pano Yeracaris recommended retaining the measure (in the chat).
Prenatal & Postpartum Care – Timeliness of Prenatal Care	Retain	Sheila Newquist said BCBSRI recently learned NCQA is requiring plans to stratify performance for *Prenatal & Postpartum Care* (both rates) by race/ethnicity for measurement year 2022 (performance data are not available in the first year). Sheila Newquist said plans will initially indirectly "collect" race/ ethnicity data through imputation, but by 2024 80% of data will come from members. Matt Collins and Sheila Newquist recommended retaining the measure. Sheila Newquist confirmed, in response to a question from Jay Buechner, that health plans will need to collect demographic data for race, ethnicity and language (REL) directly from their members.
Prenatal & Postpartum Care – Postpartum Care Rate	Retain	Jay Buechner said the displayed Medicaid performance data did not align with his data on NHPRI's performance. Michael explained that Bailit Health calculated a statewide rate using a weighted average based on plan membership rather than measure denominator. Jay Buechner expressed concern with using membership rather than denominator for the weighted average. Deepti noted that NCQA does not publish denominator data. **Next step:** Bailit Health will confirm for Jay Buechner the calculation of RI Medicaid performance for *Prenatal & Postpartum Care – Postpartum Care Rate*. Sheila Newquist pointed out that this measure will be stratified by REL in 2022 and expressed concern about its Core status. Michael clarified that the measure will be a Core measure as currently defined, not as stratified. Renee Nefussy and Gina Roche recommended retaining the

Measure Name	Recommendation	Discussion
		measure.
Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)	Retain	Jay Buechner supported retaining the measure, although he was not sure if NHPRI could measure performance. Sheila Newquist supported retaining the measure because there is variation across BCBSRI's network. She noted BCBSRI pulls data for this measure from CMS. She added that the Work Group could replace this with the new CMS maternity care measure, to be discussed later in the meeting. Gina Roche supported retaining the measure.
Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Retain	Sheila Newquist noted that CMS does not report data on the measure and The Joint Commission only reports data for two hospitals, one of which is W&I. Jay Buechner supported retaining the measure and said data on the measure should be readily available from state's vital record system for all births with the ability to identify nulliparous singleton vertex births. Pano Yeracaris supported retaining the measure and said reducing caesarean rates is possible with coordinated effort, as seen by other states and countries. Jay Buechner asked if there is an intervention that health plans can use to reduce caesareans. Michael mentioned the success of the California Maternal Quality Care Collaborative and said plans could change payment. Jay Buechner said health plans do not have the requisite leverage to change payment given the maternity care environment in RI.
Exclusive Breast Milk Feeding (PC-05)	Retain	Sheila Newquist said CMS has proposed removing this measure in 2024 and using the new maternity care measure, to be discussed later in the meeting instead.
Maternity Care: Post-Partum Follow-Up and Care Coordination	Retain	Jay Buechner said women diagnosed with gestational diabetes during pregnancy have low rates of postpartum glucose screening after delivery (which is one of the follow-up requirements of the measure). He said NHPRI would be interested in pursuing developmental work to improve performance on this component.

f. **Discuss Follow-up Tasks from Prior Annual Reviews**

i. Deepti reminded the Work Group that during the 2019 Annual Review the Work Group recommended considering two measures after it obtained and considered information on volume and baseline performance from W&I. Deepti shared data recently received from

W&I and asked the Work Group if it recommended adding the two measures to the Measure Set.

Measure Name	Recommendation	Discussion
Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity	Do not add	Sheila Newquist asked where the data would come from for the measures. Deepti said the data would come from hospitals, although some hospitals may not have the data. Gina Roche clarified that W&I is the only hospital with these data. Jay Buechner recommended against including the measures because of limited data availability and small denominator size.
Late Infection in Infants 22 to 29 Weeks Gestation (risk-adjusted)	Do not add	

g. **Discuss Work Group Proposals**
   i. Deepti reminded the Work Group that at the last meeting Sheila Newquist shared that CMS is introducing a measure focused on maternal mortality. Deepti summarized the measure and shared that CMS proposed a shortened voluntary reporting period from October 1, 2021-December 31, 2021, before implementing the measure fully in 2022. Deepti said BCBSRI proposed revisiting this measure during the 2023 Annual Review after benchmark data are available.
   ii. **Next Step:** The Work Group will revisit the new CMS maternal mortality measure during its 2023 Annual Review after benchmark data are available.

5. Discuss Health Inequity-related Gaps in the Measure Set

a. Deepti shared that Bailit Health identified health inequities in RI related to maternity care for (1) infant mortality, (2) low birthweight, and (3) mental health. Deepti noted that the last inequity is addressed in the Measure Set but not the first two inequities.
b. Deepti shared two candidate measures the Work Group could include to address infant mortality and low birthweight.

Measure Name	Recommendation	Discussion
Unexpected Complications in Term Newborns (PC-06)	Do not include	Sheila Newquist found RI performance data on the measure from The Joint Commission but could not locate national data. She said performance ranged from 88.57 to 2.29 in RI (rates are per 1,000).
Live Births Weighing Less than 2,500 Grams	Add (Menu)	Deepti shared that the Work Group previously discussed the measure but chose not to include it because it was more hospital-focused than maternity clinician-focused. Jay Buechner said he was surprised the Work Group thought the measure was hospital-focused measure because of the social determinants involved with low birthweight and said the Work Group may want to reconsider. Deepti said the

Measure Name	Recommendation	Discussion
		measure would be a good opportunity to exercise the Work Group's new equity criteria. Sheila Newquist said she was not sure how BCBSRI would obtain data. Jay Buechner said NHPRI gets birthweight data from its care management platform. Sheila Newquist recommended including the measure in the Menu Set. Charlie Estabrook recommended adding the measure.

6. **Discuss Inclusion of a RELD Measure**

   a. Deepti reminded the Work Group that Bailit Health previously shared that the Work Group can recommend stratifying measures in the Aligned Measure Sets by race, ethnicity, language, and/or disability status (RELD).

   b. Deepti asked the Work Group if it recommended adopting a RELD measure for the Maternity Care Aligned Measure Set, and if so, which measures should be stratified. Deepti clarified that this stratification would be pay-for-reporting (P4R).

   c. **Discussion**:

      i. Sheila Newquist recommended stratifying *Prenatal & Postpartum Care* (both rates) to align with NCQA, although NCQA may not be including disability status.

      ii. Jay Buchner asked how the stratification would be integrated into performance incentives. Deepti said the measure would likely begin as P4R. As data improve, providers could be incentivized to reduce the gap between highest and lowest performing populations. Jay Buechner said he was unsure how to combine quality and RELD data in provider EHRs.

      iii. Sheila Newquist said plans will not have detailed instructions for how to report RELD data until HEDIS specifications are published in August 2021 and incentives will be difficult to develop until benchmark are available. Michael said providers would get a head start on RELD data collection and stratification.

      iv. Jay Buechner said he would prefer to invest in collecting better RELD data for the health plan, rather than paying providers to report the data, but supported adding the measure to the Menu Set because of the importance of addressing racial disparities.

      v. Gina Rocha supported the RELD measure and suggested obtaining self-reported RELD data from birth certificates.

      vi. Jordan White recommended also stratifying *Behavioral Health Risk Assessment Screening*. Margaret Howard agreed with Jordan and said there is bias in maternal behavioral health screening.

      vii. Pano Yeracaris (in the chat), Margo Katz (in the chat), and Charlie Estabrook supported stratifying *Behavioral Health Risk Assessment Screening*.

      viii. Jim Beasley said all nine hospitals in RIDOH's program are stratifying behavioral health screening by race and ethnicity.

      ix. **Recommendation:** Adopt an RELD measure as a Menu measure in the Maternity Care Measure Set and stratify *Prenatal & Postpartum Care* (both *Timeliness of Prenatal Care* and *Postpartum Care Rate*) and *Behavioral Health Risk Assessment Screening*.

7. Public Comment

a. Marea Tumber asked for any public comment. There was none.

8. Next Steps

a. The Measure Alignment Work Group will reconvene on July 7th from 12:00-2:00pm to discuss OHIC's Acute Care Hospital Aligned Measure Set.