Selecting Performance Measures for Maternity Care Alternative Payment Models (APMs)

Consensus-Based Maternity Care Measures Recommended for APMs

Measure Name	Consensus-Based Entity Endorse-ment?	Steward	Level Measured	Phase of Care	Inclusion in Measure Programs and/or Core Sets	Rationale / Notes
Cesarean Birth	CBE 0471 CBE e0471 (uses medical records) LRCD-CH (uses state vital records)	The Joint Commission PC-02, ePC-02 CDC/NCHS	Facility	Labor and birth	The Joint Commission Perinatal Care Core Set, Large Hospital Accreditation Program, and Advanced Certification in Perinatal Care Inpatient Quality Reporting (required) Core Set of Rural-Relevant Measures Core Quality Measures Collaborative Ob-Gyn Core Set (and disparities-sensitive designation) The Leapfrog Group Medicaid Child Core Set (required)	Variation in this "low-risk" measure is tenfold or more across hospitals. Dozens of maternal and child outcomes are worse with cesarean versus vaginal birth. Overuse and improvability are great. Leading obstetric professional societies find that steep rise in cesarean rate was not associated with improvements in maternal or infant health. Despite professional recommendations, cesarean rate has been high and essentially level for more than a decade. Payers pay about 50 percent more when births are cesarean versus vaginal. About 85 percent of births after cesarean are repeat cesareans.
Contraceptive Care-Postpartum	CBE 2902	U.S. Office of Popula-tion Affairs	Clinician/group Health plan Population	Labor and birth Postpartum	Core Quality Measures Collaborative Ob-Gyn Core Set (and designated disparities sensitive) Medicaid Child Core Set (required) Medicaid Adult Core Set CMS Measure ID 166	Many pregnancies are unplanned. Unplanned pregnancies involve greater risk than planned ones. Professional consensus supports healthy pregnancy intervals. Abortion restrictions may compel individuals to carry unwanted pregnancies to term. Measures provision of a most or moderately effective method of contraception within three days of birth and within 60 days of birth.

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Exclusive Breast Milk Feeding	CBE 0480 CBE e0480	The Joint Commission PC-05	Facility	Labor and birth	The Joint Commission Perinatal Care Core Set and Advanced Certification in Perinatal Care CMS Measure ID 251	This is an essential early step for establishing breastfeeding toward meeting six-month and 12+-month consensus professional goals Breastfeeding has numerous preventive benefits for both lactating parent and child. The recommended threshold of 70 percent allows for informed choice, contraindications, challenges. There are inequities by race and ethnicity.
Maternity Care: Postpartum Follow-up and Care Coordination	No	CMS Quality ID #336	Clinician/ group	Post-partum	Merit-based Incentive Payment System (MIPS) Core Quality Measures Collaborative Ob-Gyn Core Set (and designated disparities sensitive)	There is broad consensus about the need to improve postpartum support. Women experience many new-onset morbidities after birth. Many women report that postpartum visits did not cover many core topics.
Patient Activation Measure (PAM)	CBE 2483	Insignia Health (Phreesia)	Clinician/ group	Prenatal	CMS Measure ID 1212	Level of activation (1-4) and ability to manage one's health, are positively related to many positive effects. There are evidence-based ways to increase activation levels over six or more months. Intended for use in all clinical areas; measure a change score between prenatal intake visit and third trimester with aim of increasing activation level before birth and parenting. In this context, the 10-item version is more suitable than the 13-item version for people with chronic conditions and, per developer, can use "your maternity care provider" versus "your doctor."
Postpartum Depression Screening and Follow-up	No	National Committee for Quality Assurance PDS-E	Health plan	Post-partum	Healthcare Effectiveness Data and Information Set (HEDIS) Core Quality Measures Collaborative Ob-Gyn Core Set (and designated disparities sensitive)	Postpartum depression is common and often untreated. These reflect racial/ethnic inequities. Reports rates of screening ***and*** of positive screens with follow-up within 30 days. NCQA will stratify PDS-E by race and ethnicity, beginning in measurement year 2024. A parallel measure for anxiety is also a priority, and this could be adapted.

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Measure Name	Consensus-Based Entity Endorsement?	Steward	Level Measured	Phase of Care	Inclusion in Measure Programs and/or Core Sets	Rationale / Notes
Prenatal Depression Screening and Follow-up	No	National Committee for Quality Assurance PND	Health plan	Prenatal	Healthcare Effectiveness Data and Information Set (HEDIS)	Prenatal depression is common and often untreated. These reflect racial/ethnic inequities. Reports rates of screening ***and*** of positive screens with follow-up within 30 days. NCQA will stratify PND by race and ethnicity, beginning in measurement year 2024. A parallel measure for anxiety is also a priority. and this could be adapted.
Unexpected Complications in Term Newborn	CBE 0716	The Joint Commission PC-06	Facility Integrated delivery system Population (regional, state)	Labor and birth	The Joint Commission Perinatal Care Core Set, Large Hospital Accreditation Program, and Advanced Certification in Perinatal Care Core Quality Measures Collaborative Ob-Gyn Core Set (and designated disparities sensitive)	This "balancing measure" is used with Cesarean Birth to deter or detect possible harm to infants from excessive or too rapid cesarean reduction. Results can help health teams safely and confidently reduce cesarean rates.
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated	No	Agency for Healthcare Research and Quality IQI 22	Facility	Labor and birth	Inpatient Quality Indicator 22	More than 85 percent of people with a history of cesarean have repeat cesareans. Repeated uterine scarring is associated with placental problems and other serious risks to pregnant people and fetuses/newborns in future pregnancies. There are racial and ethnic inequities in access to VBAC. Consider limiting to facilities with 24/7 anesthesia coverage, many of which have low VBAC rates.

Consensus-Based Entity references endorsement by the National Quality Forum before 2023 and moving forward by the Partnership for Quality Measurement led by Battelle.

At present, none of the above measures are specified for stratification by race and ethnicity or other dimensions of inequity. The National Committee for Quality Assurance will stratify the two depression measures by race and ethnicity, beginning in measurement year 2024. APM designs should include collection of data on self-identified race, ethnicity and other demographic dimensions of inequity and should foster expeditious measurement, tracking, and programs and incentives for advancing equity.

Options for Person-Reported Experience of Maternal Care Measures

Measure Name	Consensus-Based Entity Endorsement?	Steward	Level Measured	Phase of Care	Inclusion in Measure Programs and / or Core Sets	Rationale / Notes
Birth Satisfaction Scale - Revised Indicator (BSS-RI)	No	Caroline J. Hollins-Martin and Colin R. Martin	Facility	Labor and birth	Longer Birth Satisfaction Scale-Revised (BSS-R) is in ICHOM Pregnancy and Childbirth Core Set	Validated: 6 items/2 domains -Stress and emotional response to labor and birth 4 -Quality of care 2 https://doi.org/10.1186/s12884-017-1459-5
Person-Centered Maternity Care Scale-US Person-Centered Prenatal Care Scale-US	No	Person-Centered Equity Lab (University of California, San Francisco)	Facility Clinician	Labor and Birth Prenatal	No	PCMC is validated among Black birthing people: 35 items/3 scales - Dignity and respect 14 - Communication & autonomy 10 - Responsive & supportive care 11 PCPC has 34 items, same 3 scales, with 14, 10, 10 items. Option to use 1, 2, or 3 scales. Developers are creating a parallel postpartum care scale. https://doi.org/10.1016/j.whi.2022.01.006
[Respectful Maternity Care Measurement Registry]	No	Birth Place Lab (University of British Columbia)	Varied	Varied	No	210 validated items across 17 domains of respectful care. Option to select domains and items of interest and construct customized tool. https://www.birthplacelab.org/rmc-registry/
Shared Decision-Making Processes	CBE 2962	Massachusetts General Hospital	Clinician/group	Prenatal Labor and Birth Postpartum	No	Newly endorsed person-reported experience measure: brief four-item questionnaire. Flexibly assesses shared decision-making process for a user-specified test or treatment within a specific condition. In maternity care, e.g., has been used to assess planning a vaginal birth after cesarean versus a repeat cesarean. https://mghdecisionsciences.org/wp-content/uploads/2018/07/user-guide-sdmp_4-nqf-measure-2962.pdf

Consensus-Based Entity references endorsement by the National Quality Forum before 2023 and moving forward by the Partnership for Quality Measurement led by Battelle.

Person-reported measures of the experience of maternity care, and especially of respect and mistreatment, are urgently needed given widespread reports of not being listened to, delays in care, substandard care, and other forms of disrespect and mistreatment. While various efforts to develop such experience of care measures are underway, no consensus person-reported broader experience of maternity care is currently available. This table identifies some research-based indicators that APM managers can use to integrate this measure concept in the interim, including a generic consensus shared decision-making measure that can be used for a specific maternity decision. It is urgent to use these tools to identify, track, and address inequities.

Options for Social Needs Screening and Referral

Measure Name	Consensus-Based Entity Endorsement?	Steward	Level Measured	Phase of Care	Inclusion in Measure Programs and / or Core Sets	Rationale / Notes
Social Needs Screening and Intervention	No	National Committee for Quality Assurance SNS-E	Health Plan	Not specified for maternity care	Healthcare Effectiveness Data and Information Set (HEDIS)	Social needs have a strong impact on maternal and infant health outcomes. Identifies members screened for food, housing and transportation needs, as well as help provided to those with positive screens. Could be used with a maternity care denominator. https://www.ncqa.org/wp-content/uploads/2022/07/HEDIS-MY-2023-Measure-Description.pdf

Routine screening and support for meeting identified needs has the potential to improve maternity outcomes. SNS-E includes screening and helping. Two related measures have received consensus-based endorsement and are being added to the federal Inpatient Quality Reporting program and as optional reporting measures to meet The Joint Commission's accreditation reporting requirements: Driver of Health Screening Rate (CMS Measure ID 1664) and Driver of Health Screen Positive Rate CMS Measure ID 1662). Although these do not measure whether the person received help for identified social needs, they cover screening for five domains: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. They could be used with a maternity care denominator.

For operational guidance on social needs screening in maternity care, see https://nationalpartnership.org/wp-content/uploads/rtb-op-guidance-address-social-drivers-maternal-infant-health.pdf

Measures Not Recommended for Inclusion in Maternity Care Alternative Payment Programs

The measures listed below represent important clinical outcomes and important clinical practices that should be used in accordance with clinical guidelines. However, they should not be prioritized for inclusion in a finite set of measures selected for an alternative payment model, in lieu of an above-mentioned measure that is likely to have greater population-level impact.

Measure	Rationale for not prioritizing for maternity care alternative payment programs
Chlamydia Screening in Women	No expected impact at population level; APM measures should focus on core practices and outcomes specific to the episode
Elective Delivery (PC-01)	No expected impact at population level; quality improvement efforts have led to low rates of elective birth in gestational weeks 37-38 for about a decade, with limited variation and limited improvability
HIV Screening	No expected impact at population level; APM measures should focus on core practices and outcomes specific to the episode
Incidence of Episiotomy	No expected impact at population level; according to the Leapfrog Group, their member hospitals had an average episiotomy rate of 4.6 percent in 2022. This is below their 5 percent standard, with limited variation and limited improvability.
Maternal Morbidity Structural Measure	No expected impact at population level; provides no information about the quality of care provided at the facility or other effects of participation in a perinatal quality collaborative and at least one QI project; binary Y/N scoring provides limited scope for improvability
Percentage of Low Birthweight Births	This endorsed measure is specified for the population level (e.g., community, county, city, region, state). It is not risk-adjusted and is not used with facilities or clinicians/groups.
Postpartum Care	No expected impact at population level; the fact of a postpartum visit is a low bar; due to reliance on bundled billing codes, this measure underestimates receiving a postpartum visit; it is not aligned with current professional guidelines.
Severe Obstetric Complications	The incidence of intrapartum severe maternal morbidity and maternal mortality at the facility level is extremely low, limiting the ability to observe, measure, interpret, compare variation, and improve.
Timeliness of Prenatal Care	The fact of early entry into care is clinically important, but a low bar; this is unlikely to be a game-changing measure for childbearing families participating in an APM.