2 STRATEGY

Advance Performance Measurement for High-Value Maternity Care

INTRODUCTION

The *Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing* aims to chart an efficient pathway to a maternity care system that reliably enables all women and newborns to experience healthy physiologic processes around the time of birth, to the extent possible given their health needs and informed preferences. The authors are members of a multistakeholder, multidisciplinary National Advisory Council that collaborated to develop this document.

Knowledge about the importance of perinatal physiologic processes for healthy maternal-newborn outcomes has come into sharper focus and garnered growing attention in recent years. Fostering healthy physiologic processes whenever possible is a preventive approach to health and safety for childbearing women and their newborns. Promoting, supporting and protecting these processes contributes to healthy outcomes in women and their fetuses/newborns. These processes facilitate such crucial matters as fetal readiness for birth and safety in labor, labor progress, reduced stress and pain in labor, safe maternal and newborn transitions and adaptations after birth, effective breastfeeding and secure maternal-newborn attachment. Growing evidence of longer-term effects of care around the time of birth also underscores the importance of fidelity to optimal maternal-newborn care. Leading professional organizations increasingly provide guidance for promoting, supporting and protecting these processes.

The Blueprint identifies six widely accepted improvement strategies to transform maternity care and a series of specific recommendations within each strategy. Each recommendation is presented with immediate action steps to directly or indirectly increase access to healthy perinatal physiologic processes. The recommendations and action steps address many barriers to optimal care in the current maternity care system.

The recommendations and action steps reflect unprecedented opportunities for innovation in the rapidly evolving health care environment. To realize system transformation, innovation must be accompanied by continuous evaluation and publication of results, refinement, and the scaling up and spreading of effective approaches.

This excerpt includes the full content from the Blueprint report for the second of the six improvement strategies, *Advance Performance Measurement for High-Value Maternity Care*. View the full report and associated materials at **NationalPartnership.org/Blueprint**.

STRATEGY

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ADVANCE PERFORMANCE MEASUREMENT FOR HIGH-VALUE MATERNITY CARE

STRATEGY OVERVIEW

The National Quality Strategy prioritizes performance measurement for driving value-based health care.[1] Perinatal quality measures are increasingly integrated into public and private segments of the health care system at clinician/group, facility, health plan and other service levels. Performance measurement provides crucial data that help the maternity care team, women, purchasers and payers of maternity care services, administrators, policymakers, public health leaders and advocates make informed decisions. Performance data can support increased access to care that fosters healthy perinatal physiologic processes and improves outcomes. Timely feedback on measured performance, in concert with public reporting, has been effective in self-evaluation and behavior change of service providers, leading to *quality improvement*.[2] Quality measures stratified by demographic variables can help identify maternity care disparities and trigger efforts to promote equity. Performance measures are also used for various types of *accountability*, including recognition, financial reward or penalty and selection (e.g., in networks and by consumers making care arrangements). Challenges include the limited availability of nationally endorsed standardized measures for priority maternity measure concepts, inefficient collection of performance data and inaccessible reporting of such data to various stakeholders. There is limited access to user-friendly consumer interfaces with meaningful, comprehensible comparative performance results. Complements to the Medicaid Child and Adult Core Sets are needed, as collection and reporting of measures in these sets are voluntary and results are reported at the state level, limiting opportunities for quality improvement and accountability at point of care.

Recommendations here aim to accelerate the use of performance measurement to encourage care that fosters healthy perinatal physiologic processes in women and their fetuses/newborns, thereby improving outcomes, experiences and wise spending.

FILL MEASURE GAPS

Develop, test and seek national endorsement for priority standardized performance measures at the clinician or practice, facility and health plan levels. Prioritize availability and use of high-impact measures with the potential to foster women's and newborns' experience of healthy perinatal physiologic processes.

ACTION STEPS

- Encourage Congress to enact the Quality Care for Moms and Babies Act (QCMBA), with provisions for filling measure gaps, including support for adapting generic Consumer Assessment of Healthcare Providers and Systems (CAHPS) facility, clinician and health plan surveys for the specific circumstances of childbearing women and newborns.
- In developing the domains and items for CAHPS maternity surveys, include perceived access to choice of care that supports healthy physiologic processes (e.g., access to informed choice of both non-pharmacologic and pharmacologic help with labor pain).
- Encourage the Centers for Medicare & Medicaid Services (CMS) and Agency for Healthcare Research and Quality to support new measure development to enable a more robust, balanced set of standardized maternity care measures that recognizes that most childbearing women and newborns will benefit from care practices that protect and support health and minimize overuse and underuse. Encourage CMS to designate this as a priority area to rectify the shortage of Medicaid condition measures in its Measures Inventory, given population-level and two-patient impact.[3]
- Applying experience from the United Kingdom's Normal Birth measure,[4] measure developers should specify, test, refine and submit for National Quality Forum (NQF) endorsement and relevant entities should implement a composite facility measure of Physiologic Childbirth, based on the consensus reVITALize Obstetric Data Definitions project endorsed by leading clinical professional societies.[5]
- Measure developers should specify, test, refine and submit for NQF endorsement, and relevant entities should implement measures at appropriate levels to track impactful practices that foster healthy perinatal physiologic processes in women and fetuses/newborns. Possible practices include vaginal birth after cesarean, hospital admission in active labor, access to drug-free measures for labor comfort and progress and early skin-to-skin contact after birth.
- Measure developers should specify, test, refine, submit for NQF endorsement, and relevant entities should implement measures for shared decision-making (SDM), care coordination, woman-reported experience and outcomes of maternity care.
- Test, refine and submit to NQF for endorsement maternity nursing measures from the Association of Women's Health, Obstetric and Neonatal Nurses, which are specified and in the measure pipeline. Possible measures include freedom of movement in labor, labor support, spontaneous pushing, breastfeeding and early skin-to-skin contact.
- To the extent possible, develop and implement facility-level measures for both hospitals and birth centers to enable comparison and foster improvement and accountability across all facilities and clinician measures for all nationally recognized credentials to similarly foster improvement and accountability.
- For efficient automated electronic collection of "paper" measures for supporting healthy perinatal physiologic processes, specify, test and seek endorsement for e-measure formats.
- Create digital systems that efficiently and accurately collect and report e-measures and collect woman-reported measures of experience and outcomes of maternity care. Collaborate with electronic medical record vendors to develop standardized ways to document physiologic processes of care.

MEASURE FOR QUALITY IMPROVEMENT

Increase use of performance measurement for maternity care quality improvement within federal, state and private performance measurement programs, with a focus on fostering women's and newborns' experience of healthy perinatal physiologic processes.

ACTION STEPS

- Encourage Congress to enact the QCMBA with provisions for establishing and maintaining a Medicaid and Children's Health Insurance Program core set of Maternal and Infant Health quality measures and for supporting the establishment and expansion of maternity care quality collaboratives.
- The Medicaid Maternal and Infant Health core set should include existing measures such as Cesarean Birth (NQF 0471) and Exclusive Breast Milk Feeding (NQF 0480) and any new high-impact measures that foster healthy perinatal physiologic processes. Encourage states to voluntarily collect and report these, and to pursue improvement.[6]
- Before enacting QCMBA and establishing the Medicaid Maternal and Infant Health core set, encourage the Measure Applications Partnership (MAP) Medicaid Child and Adult Workgroups and CMS to add to the Medicaid Core Sets any existing (e.g., Exclusive Breast Milk Feeding) or new measures that promote access to healthy perinatal physiologic processes.
- As new measures that foster healthy perinatal physiologic processes in childbearing women and newborns gain endorsement, encourage The Joint Commission to add those likely to have greatest impact to its Perinatal Care core set.
- Extend programs similar to California's Maternal Data Center and Ohio's birth registry to other states to enable rapid-cycle performance measurement and feedback for quality improvement, including through quality collaboratives.

MEASURE FOR ACCOUNTABILITY

Increase use of performance measurement for maternity care accountability at clinician or practice, facility and health plan levels, including through public reporting, payment and recognition.

ACTION STEPS

- Encourage CMS to determine and pursue the optimal way to include maternity-related measures for the Medicaid population in its measure programs for clinician and facility reporting and payment, including the upcoming Quality Rating System for Medicaid managed care organizations. Encourage CMS to put high-impact measures for childbearing women and newborns covered by Medicaid on the Measures Under Consideration list for the MAP *(see: 1, Delivery and Payment)*.[7]

- Where available, public agencies, employers, health plans, childbirth educators, advocacy organizations and others should publicize to women and the general public reporting systems that offer comparative quality information for maternity care decision-making (e.g., using social media, employer and health plan intranets, public service announcements and text messages). These stakeholders should aim to make using comparative data a standard aspect of the maternity experience *(see: 3, Engage Childbearing Women)*.

- Provide care navigators to help women find and interpret comparative quality information relevant to their maternity care decision-making. Evaluate and publish results of such services, including return on investment, and refine programs. Health plans, Medicaid programs and employers are possible providers of this service *(see: 3, Engage Childbearing Women)*.[8]

- All performance reporting interfaces should meet best health literacy standards, incorporate lessons from public reporting research and help users readily visualize both high- and under-performing entities.[9]

- Until women and others have access to more comprehensive tools for comparative quality results (such as calhospitalcompare.org provides for hospital-level maternity performance in California), employers, health plans, advocates and others should publicize available maternity data sources (e.g., cesareanrates.com, Consumer Reports, Improving Healthcare for the Common Good/whynotthebest.org, The Leapfrog Group, vbacfinder.com and various state-level portals).

- Encourage the private sector quality community (e.g., Consumer Reports, Improving Healthcare for the Common Good/whynotthebest.org, The Leapfrog Group) and public agencies to recognize hospitals with better performance on Cesarean Birth (NQF 0471), Exclusive Breast Milk Feeding (NQF 0480) and/or newly developed measures through reporting, rating and/or awards/distinction programs.[10]

- Stratify high-impact quality of maternity care measures to enable measurement of racial/ethnic, linguistic and other health care disparities within accountability programs and to improve health equity.[11]

LEVERAGE SPECIFIC MEASURES

Leverage current and future high-impact maternity care performance measures with the greatest potential to foster women's and newborns' experience of healthy perinatal physiologic processes.

ACTION STEPS

- Participate in the Healthy People 2030 development process to consider lowering the 2020 Cesarean Birth (NQF 0471) indicator target and adding Exclusive Breast Milk Feeding (NQF 0480) as an indicator with a target to the Maternal, Infant, and Child Health topic area, taking into consideration contraindications, inability to breastfeed and informed choice of alternate feeding. This would build on the positive effect of the Healthy People 2020 Cesarean Birth benchmark and provide updated benchmarks for quality improvement initiatives.[12]
- Within or as a complement to Hospital Compare, encourage relevant agencies to provide public access for women, purchasers and others to rates of facility-level Cesarean Section (NQF 0471), the balancing measure Unexpected Complications in Term Newborns (NQF 0716), Exclusive Breast Milk Feeding (NQF 0480) and other high-value maternity care measures through user-friendly websites displaying comparative quality information.[13]
- Respond to the increased focus on cesarean reduction and facility performance on Cesarean Section (NQF 0471) by helping women and clinicians build skills, knowledge and confidence that foster physiologic labor processes leading to vaginal birth. Promote tools for fostering intended vaginal birth, including the Alliance for Innovation on Women's Health bundle and the California Maternal Quality Care Collaborative Toolkit.[14]
- Respond to increased focus on facility performance on Exclusive Breast Milk Feeding (NQF 0480) by helping women and clinicians build the skills, knowledge and confidence that contribute to breastfeeding success. Promote use of the United States Breastfeeding Committee's toolkit for implementing this measure.[15]
- Encourage The Joint Commission to publicly report Cesarean Birth (NQF 0471) facility rates, as it does for rates of Exclusive Breast Milk Feeding (NQF 0480).[16]
- Encourage CMS to expand relevant federal quality measure programs for Medicaid beneficiaries and to include Cesarean Birth (NQF 0471), the balancing measure Unexpected Complications in Term Newborns (NQF 0716) and Exclusive Breast Milk Feeding (NQF 0480).[17]
- Adapt Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated (IQI 22) for broad uptake (for example, limiting to hospitals with 24/7 surgical coverage), and implement this measure in suitable contexts.
- Measure developers should foster broad concerted action by adapting and submitting for endorsement Cesarean Birth and Exclusive Breast Milk Feeding measures for clinician and health plan levels, as well as the currently specified facility level.
- Develop, implement and evaluate the use of woman-reported outcome measures, for example, clinician- and group-level Gains in Patient Activation (PAM) Scores (NQF 2483) of change from early to late pregnancy to encourage health systems to help build pregnant women's skills, knowledge and confidence for managing their care before giving birth, becoming a new parent and assuming increased responsibility for health and health care. (Intended for all clinical settings, PAM has just begun to be used with childbearing women.)[18]

Read the full Blueprint report at NationalPartnership.org/Blueprint.

Endnotes

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