

MEETING SUMMARY REPORT

Contraceptive Care Performance Measures Expert Work Group

OCTOBER 3, 2022

PRESENTED TO:

Office of Population Affairs

Alissa Harvey, Contracting Officer
Representative (COR)

Minju Kim, Task Lead

Jamie Kim, SME

PRESENTED BY:

NORC at the University of Chicago

Felicia Cerbone, Project Director

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Shannon TenBroeck, Task Lead

Stephanie Poland, Panel Lead

Katie Krieger, Logistics Support

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Introduction

Meeting Background and Purpose

On behalf of the United States Department of Health and Human Services (HHS), Office of Population Affairs (OPA), NORC at the University of Chicago (NORC) hosted an Expert Workgroup (EWG) meeting on Contraceptive Care Performance Measures (CCPM).

The purpose of this meeting was to gather expert input on current and future work related to the National Quality Forum endorsed claims-based contraceptive care measures, contraceptive care electronic clinical quality measures (eCQMs), and patient-reported outcome performance measures. The meeting had the following objectives:

- Continue ongoing stakeholder conversations on how to move contraceptive care performance measures forward;
- Review the role of OPA as steward of the measures and of the Expert Work Group in supporting this work;
- Provide updates on contraceptive measures development, endorsement, and implementation;
- Explore new measure development and application opportunities; and
- Identify potential OPA priorities, impact strategies, communication needs, and next steps.

The virtual meeting took place on August 17, 2022, from 1:00 – 5:00 PM ET via Zoom. The panel opened with a welcome and overview led by OPA, followed by a facilitated group discussion. A detailed agenda can be found on page 3.

This report summarizes key discussion themes, highlights from the panel, and identifies recommendations for future work group meetings.

Facilitator

Jamie Hart, PhD, MPH, Executive Director at the [Coalition to Expand Contraceptive Access](#) facilitated the EWG meeting. Dr. Hart has more than 25 years of experience working with Federal agencies, including the design and facilitation of prior Contraceptive Care Performance Measures Expert Work Group meetings.

Expert Work Group Participants

The individuals in the Table 1 below served as the expert panelists for the meeting and prepared presentations to share with the expert workgroup participants. All expert panelists are involved in work related to the National Quality Forum (NQF) endorsed

claims-based contraceptive care measures, contraceptive care electronic clinical quality measures (eCQMs), and/or patient-centered care measures.

Table 1. Expert Panelist Names and Organizations

Panelist	Title	Organization
Anouk Lloren, PhD	Health Researcher	Mathematica
Christine Dehlendorf, MD, MAS	Professor, Department of Family & Community Medicine	University of California – San Francisco
Anu Manchikanti Gomez, PhD	Associate Professor, School of Social Welfare; Director, Sexual Health and Reproductive Equity (SHARE) Program	University of California – Berkeley
Sonya Borerro, MD, MS	Professor of Medicine, Clinical and Translational Science, and Obstetrics, Gynecology, and Reproductive Sciences; Director, Center for Innovative Research on Gender Health Equity (CONVERGE)	University of Pittsburgh

In addition to the panelists above, the individuals in Table 2 participated in the EWG. Like the panelists, the participants below have been involved in related work.

Table 2. EWG Participant Names and Organizations

Participant	Title	Organization
Antoinette Nguyen	Medical Officer, Division of Reproductive Health	CDC
Brittini Frederiksen	Associate Director for Women's Health Policy	Kaiser Family Foundation
Daniel Shapiro	Director, Data, Analytics and Management Department	Mathematica
Daryn Eikner	Vice President, Service Delivery Improvement	NFPRHA
Emily Carrier	Senior Manager	Manatt
Emily Decker	Monitoring, Evaluation, and Learning Director	Upstream
Gladys Martinez		NCHS
Julia Skapik	Medical Director for Informatics	NACHC
Kim Daniels		CDC
Kristen Zycherman	Coordinator	CMS
Monika Grzeniewski	Director, Clinical Quality Improvement (CQI)	PPFA
Noa Sager	Managing Consultant, Policy Research	Mathematica
Sharon Woda	Senior Managing Director	Manatt
Rebecca Kriz	Program Director, Family and Community Medicine	UCSF
Samuel Simon	Senior Director	Mathematica
Ella Puga	Public Health Research Specialist	Far Harbor
Fei Dong	Research Statistician	Far Harbor
Phil Hastings	Principal	Far Harbor

Agenda

The agenda for the EWG meeting is provided in Table 3 on the following page.

Table 3. Contraceptive Care Performance Measures (CCPM) EWG Meeting Agenda

Time	Session Focus and Presenters
1:00 pm	Introductions, Meeting Overview, and Context <i>Jamie Kim, OPA; Jamie Hart, Facilitator</i> <ul style="list-style-type: none"> Welcome and overview of current context Meeting overview and introductions
1:25 pm	Goals, Roles, and Potential Impact <i>Jamie Hart, Facilitator</i> <ul style="list-style-type: none"> Goal, role, and importance of measurement Role of OPA and EWG Expansion beyond Title X
2:00 pm	Updates on Contraceptive Measures Development, Endorsement, and Implementation <i>Anouk Lloren, Mathematica; Christine Dehlendorf, UCSF</i> <ul style="list-style-type: none"> Claims-based contraceptive care measures Electronic version (eCQM) of the contraceptive care measures Person-Centered Contraceptive Counseling (PCCC) Measure Tandem use
2:40 pm	Break
2:55 pm	New Measure Development and Application Opportunities <i>Christine Dehlendorf, UCSF; Anu Gomez, UC Berkeley; Sonya Borerro, University of Pittsburgh; Jamie Hart, Facilitator</i> <ul style="list-style-type: none"> New quality and patient-centered measures Application and use in diverse care settings
3:45 pm	Break
4:00 pm	OPA Priorities and Impact <i>Jamie Hart, Facilitator</i> <ul style="list-style-type: none"> Potential OPA priorities Strategies to maximize impact
4:45 pm	Next Steps <i>Jamie Hart, Facilitator; Jamie Kim, OPA</i>
5:00 pm	Adjourn

Meeting Highlights

In this section, we provide an overview of the meeting content and highlight key ideas that arose during the discussion, organized by agenda topic. We also provide recommendations for future expert work group meetings. A link to the meeting recording, meeting notes, and copies of the slides can be found in Appendices A-C, respectively.

Session 1: Introductions, Meeting Overview, and Context

The CCPM EWG meeting began with a brief run-through of meeting logistics by NORC and then a formal welcome by Jamie Kim, Health Scientist from OPA. The meeting was then turned over to Jamie Hart for a review of the meeting objectives and facilitation of introductions among expert panelists and work group participants.

Session 2: Goals, Roles, and Potential Impact

Dr. Hart facilitated this section, opening the conversation with two questions:

1. What can measurement help us understand and what could it help us demonstrate now, particularly in this critical time and in the future?
2. What might help other stakeholders understand the importance of contraceptive measurement and how can it be socialized?

What can measurement help us understand?

- How policy changes impact access to contraception
- How policy changes impact measurement
- What is provided, what is not provided, and why (e.g., issues with stocking, provider training, provider not knowing the options available)
- Contraceptive use through method-specific statistics
- What is being provided
- Inequitable care and experiences of care
- Patient-report outcome – balances clinical outcomes with patient voice
- Impact of different interventions and policies and their actual effect on access and the person's experience

“We need to be clear in what we’re measuring, the narrative it sets, and the care we provide – is it about public health goals, clinical goals, or human rights and people’s reproductive autonomy?”

– EWG Member

What is important for others to understand?

- Data opens the conversations around care
- Data allows clinics to know what care provision looks like in their clinics
- Measures help organizations respond to recent call to action to get a baseline of where contraceptive care is happening, where it is not, and to what extent
- Measures identify how “high performers” achieved what they achieved for replicability
- Performance measures demonstrate solid programming – people are interested and what to know how to get it done
- Performance measures connect to broader narratives about reproductive health and healthcare and restrictive policies
- Not enough data points in sexual reproductive healthcare that are widely agreed upon, so having a seat at the table in these conversations is important
- Value in looking at the data in different ways and using the data to inform policy decisions

“People are really motivated by person-centered care, by a desire to lift patients’ voices, that’s a strong incentive.”

– EWG Member

Dr. Hart summarized the conversation for the group by restating that measurement:

- Demonstrates value use for quality improvement
- Reinforces good programming
- Improves not-so-great programming
- Connects to broader narratives about restrictive policies, and culture shifts about what it means to deliver patient-centered, equitable care.

“It’s trying to normalize contraceptive care as part of healthcare, but make sure that people are delivering care in a way that is respectful, patient-centered, that takes into account all of these other things. It’s a nuanced conversation but should be part of everybody’s conversation.” – EWG Member

Measures Work Group and OPA’s Role

The next discussion focused on the Measures Work Group and OPA’s role. In prior meetings, the work group had discussed assistance with articulating expectations of use and evaluation for measures, supporting research and publishing findings, building capacity of programs, and aligning priorities across federal agencies and colleagues.

During the discussion, OPA noted hearing different priorities from developers and implementers. While OPA funded and continues to fund measure development, it is not a research office such as NIH and wants to think more strategically about support for measure development. Now may be the time to think bigger and with a wider lens, particularly with equity, quality, and access being discussed in broader terms organizationally.

The group then discussed the lack of widespread acceptance of the measures as evidenced in the environmental scan, citing these points:

- Contraceptive measures are not prioritized, particularly outside of Title X – people do not see contraceptive care as their job or do not see it as a critical part of care
- There needs to be a shift in the broader community about why this is important and support for how to do it
- Collecting patient-reported outcome measures is not easy – it requires belief in the measure, belief in patient-centered contraceptive care, and the willingness to do the work to implement it

Participants then discussed what OPA could support in future endeavors, including:

- Creating models/systems that support adding data elements to patient records that logs their contraceptive care preference

- Continuing to support and promote tandem use of the eCQM and the Person-Centered Contraceptive Counseling Measure (PCCC) along with materials for interpretation
- Considering potential value-based payment strategies around the PCCC, scaled more broadly [thinking about what the expectations are for family planning outside of the Title X networks]
- Releasing data/information helps establish points of reference for how people should look at data
- Providing funding to support the development of the systems that people need (like EHRs)

The final point of this session was that any conversation about performance measures must include acknowledgement and understanding about the past and contemporary history of harm and how performance measures have the potential to exacerbate it.

Session 3: Updates on Contraceptive Measures Development, Endorsement, and Implementation

Anouk Lloren, Health Researcher from Mathematica, began this session with an update on claims-based contraceptive care measures. Dr. Lloren provided a brief overview of the measures, recent changes, responses to technical assistance questions, and measure maintenance activities. Dr. Lloren ended her presentation with a discussion of potential measure updates and next steps.

Potential updates include:

1. Adding new oral contraceptives to the code set list
2. Including language on patient-centered counseling and disparities
3. Extending the postpartum window for contraceptive provision from 60 to 90 days
4. Broadening the measures' denominator age range to 15-45 years

Christine Dehlendorf from the University of California, San Francisco presented the next three sections on the agenda. Dr. Dehlendorf started with an update on the Person-Centered Contraceptive Counseling Measure (PCCC). PCCC is an NQF-endorsed measure whose use is expanded to more diverse settings, including Title X and Planned Parenthood clinics. Dr. Dehlendorf's team is exploring different implementation approaches and additional languages for the future.

Next, Dr. Dehlendorf reviewed Electronic Clinical Quality Measures (eCQM) updates and discussed the advantages of Self-Identified Need for Contraception (SINC)-based eCQMs. SINC promotes patient-centered counseling and asks about current needs as opposed to future pregnancy intentions.

Dr. Dehlendorf's final presentation in this session covered the Innovating Performance Measures in Community Health Center Quality Improvement (QI) Efforts, formerly

known as the Tandem Use Project, which aims to improve patient-centered contraception services in health centers using point-of-care and systems QI strategies. A learning collaborative begins in September 2022 that will discuss QI strategies and provide technical assistance.

Participant Questions

Participants asked the following two questions after the presentations:

1. Does the PCCC account for the birth control wishes of the client and if it equates to getting the method of choice at exit?
 - a. The PCCC is a 4-item measure that uses a rating scale where 'excellent' is the most positive. The birth control one wants at exit may not be reliably documented due to social acceptability factors. However, higher scores on the measure might indicate an individual will continue a method over time.
2. Is there a possibility that the age range for the PCCC would be altered at this point?
 - a. There is no reason to change the age range for the PCCC at this time.

Session 4: New Measure Development and Application Opportunities

The next session focused on new measure development and application opportunities. Highlights from each presentation and the questions asked of each presenter follow.

Sexual and Reproductive Wellbeing

Dr. Dehlendorf presented first on development of a sexual and reproductive wellbeing measure, during which she noted that current measures focus on public health and clinical care outcomes rather than people's lived experiences of sexuality and reproduction. Work is currently underway to define a measure of sexual and reproductive wellbeing, with the goal of creating a measure for epidemiological tracking and aligning the measurement with a reproductive justice framework.

Participant Questions

1. Since the effort is large in scope, can these measures be component measures that roll into a composite measure? To what extent is the focus on sexual health and safety and satisfaction and/or coming up with more than one measure?
 - a. We agree the scope is very broad and we acknowledge there are challenges that come with capturing each individual's lived experience. We are continuing to explore various approaches and may end up with several different approaches with different strengths to each approach.

Expanding the Scope of PCCC to Peripartum Care

Dr. Dehlendorf presented this next section, which highlighted the desire to optimize the PCCC for use in the peripartum context. Dr. Dehlendorf's team completed a nationwide survey of providers, using the existing feature of the PCCC. Preliminary results using PCCC with postpartum patients produced low scores, demonstrating a need for a more nuanced approach for measuring this data.

Dr. Dehlendorf noted an R21 application was submitted to NIH to develop the psychometrics for the measure. The goal of the R21 will be to gather data that establishes patient preferences, such as patient preferences of how often they want to be educated about contraception. It would also address existing PCCC domains of information, decision support, and interpersonal connection. Additionally, pregnancy specific modifications will be researched including aspects of postpartum care and how often patients prefer to be counseled postpartum.

Post-Pregnancy Confirmation Acceptability of Pregnancy “Post-CAP”

Sonya Borrero from the University of Pittsburgh School of Medicine, Center for Innovative Research on Gender Health Equity (CONVERGE) presented on the Post-CAP measurement. Dr. Borrero noted that pre-pregnancy and post-pregnancy confirmation feelings are not aligned, and has worked with Abigail Aikin, Lisa Callegari, and Christine Dehlendorf to develop a new contextual model showing how different people's conception of their pregnancies might be directly related to their personal circumstances (e.g., finances, socio-economic context, etc.).

Dr. Borrero's team has conducted in-depth interviews with forty people who had recently experienced a pregnancy, with twenty follow-up interviews planned for 6 months after the pregnancy to assess recall and determine what dimensions work best over time. Groups, ranging from “willing and able parents” to “forced parenting”, are emerging from the preliminary results to use in the final measurement.

Borrero also reported that her team has received a new R21 grant to develop a measure for reproductive autonomy in healthcare settings.

Developing Person-Centered Metrics of Contraceptive Need

Anu Gomez from the University of California, Berkeley presented the last section in the session. Dr. Gomez focused on the Person-Centered Contraceptive Need Project. This is a two-year project with a goal of developing, selecting, and disseminating person-centered metrics related to contraceptive need.

This multi-phase project involved engaging experts in phase 1, fielding a national survey in phase 2, and convening a working group and disseminating results in phase 3. Dr.

Gomez presented preliminary findings from the survey which included evaluating preferred method of contraception. Some of these preliminary findings include¹:

- 63% of patients were using their preferred method of contraception
- 37% of patients use their preferred service delivery approach
- 15% of patients experienced challenges/delays in receiving contraceptive care
- 76% of adults felt that they had enough information to choose their contraception and 53% of teens felt they had enough information about contraceptive care

The next steps include publishing findings, implementing goals, and refining measures focused on newer concepts.

Participant Questions

1. Of all of the contraceptive methods in the study, was abstinence one of the options as a choice?
 - a. Yes, it was an option.
2. Did you ask a direct question with an OTC pill?
 - a. Yes, we offered short-acting methods specifying OTC/on the shelf or “prescription needed.”
3. A participant asked for clarification on the “Parenting but unsupported” category, asking if the thinking is about policy and recognition for other structural needs.
 - a. The original thought was about pregnancy/abortion needs and social policies that can impact people’s ability to parent, though recognizes that this is a broad category. The team will think about if it needs to be more specific.

Session 5: OPA Priorities and Impact

Dr. Hart facilitated this session, which was an open discussion that focused on the following questions:

1. What should OPA prioritize? Where can OPA have the most impact?
2. What communication strategies and mechanisms would be effective?
3. How can this work be sustained, regardless of staffing or administration changes?

Dr. Hart shared her screen, documenting the following on-screen notes.

¹ These findings are preliminary and should not be reproduced or discussed more broadly.

What should OPA prioritize? Where can OPA have the most impact?

- Set the standard for contraceptive care for the US and within Title X
- Lead narrative shift
 - Build consensus and align priorities across federal agencies/colleagues
 - Help identify barriers (e.g., limitations to OPA mandate/funding)
 - Work with HRSA's Bureau of Primary Health Care (BPHC) to include PCCC as part of reporting mechanism (e.g., UDS+)
 - Work with CMS around their reporting mechanisms and coverage within Medicaid and Medicare (e.g., inclusion in Core Measure Set)
 - Work with CDC on how they are thinking about quality and updating MEC/SPR
 - Ensure consistency in how federal government talks about patient centeredness, quality, safety, etc. (e.g., bundle QFP, MEC, SPR so they reinforce each other)
 - Promote and support integration in primary care
- Increase visibility/promote use of eCQMs and patient-reported outcomes (in tandem)
 - Important to play role as steward of the measures
- Develop implementation guidance
- Highlight model programs/effective strategies
- Dedicate funding to build program capacity/support the development of the systems that people need
- Support exploration/implementation of broader care teams
- Have grantees report patient-reported outcomes (OPA noted that they are currently figuring out how to do this)

What communication strategies and mechanisms would be effective?

- ***What needs to be communicated?***
 - Need, uses, benefits, and limitations of measures
 - Relevance to other healthcare services and initiatives
 - Various uses for measures
 - Implementation guidance for specific measures
 - Best practices and lessons learned
- ***How can these things be communicated/shared effectively?***
 - Provide resources/reports/guidance/briefs/publications from OPA that can be used as citations – this helps with legitimacy (e.g., website around interpretation of the LARC measure)
 - Consider partnership and sponsorship from other federal agencies and professional organizations (e.g., cooperative effort between OPA and CDC, published in MMWR)
 - Leverage influence/work with primary care-focused organizations (e.g., AAFP, APFM, VA etc.)
 - Tailor and disseminate information for different payer groups so they can leverage the data now for the next steps

- Make reporting more seamless for those with multiple funding sources
 - Share examples of what has been accomplished in the CMS Core Set
 - Think about how to use and present the differently (e.g., look to a PR firm)

How can this work be sustained, regardless of staffing or administration changes?

- Diversify the supporters and funding streams
 - Work with agencies/non-profits that fund innovation
- Leverage the fact that the more integrated the measures are, the easier they are to sustain
- Continue to align with focus on equity and patient-centered care
- Demonstrate value of tandem use of PRO-PM with other measure
- Take over stewardship of PCCC

Session 6: Next Steps

Dr. Hart closed the meeting with a final slide that asked: **If OPA takes away just one thing from this meeting, what should it be?**

Ideas included:

- Dissemination and support of the measures
- Tailoring the presentation of information on the measures to different audiences, particularly those who are less familiar (e.g., within the private sector)
- Advancing patient-centered access to contraceptive services across the country
- Materials that can be referenced and that acknowledge that OPA supports efforts helps with socialization and legitimacy

After the meeting participants were sent a thank you note as well as a post-meeting evaluation form. Results from the evaluation can be found in Appendix D.

Recommendations for OPA

Measurement Recommendations

Throughout the discussion, panelists raised important points for OPA's consideration as they move various contraceptive care measures forward. NORC has identified the following key recommendations for OPA:

- **Increase involvement from other federal agencies**
 - This would include involving more individuals from federal agencies in these EWG discussions – not as observers but as active participants. To do so, OPA will need to conduct more personal outreach.
 - This can also include the collaborative development of resources (e.g., reports, guidance, other materials) for individual use.
- **Continue support of measure use**
 - OPA is a steward for the provision measures and their support is vital. OPA should also consider becoming the steward of the PCCC. Participants advocated for increased visibility and support for the tandem use of eQMs and PCCC.
 - If available, additional funding to support the measure development and implementation would be welcome.
- **Develop implementation guidance**
 - Participants noted that specifications for the measures are not enough; the development of implementation guidance would help ensure the measures are being implemented and reported on in the same way across all entities.

Meeting Logistics Recommendations

In addition, as discussed during the OPA-NORC-CECA debrief, it may be beneficial to restructure the CCPM EWG next year. As the work group meets regularly and the meeting shifts more toward measurement updates, two 2-hour meetings may elicit more conversation rather than one 4-hour meeting.

Supplying materials in advance (such as the slide deck) may benefit participants and allow them to come to the meeting prepared with questions for the presenters.

Appendices

Appendix A – Meeting Recording Link

Topic: Contraceptive Care Measures Panel

Start Time: August 17, 2022, 1:00 PM

Meeting Recording:

<https://norc.zoom.us/rec/share/7FAE5TonSEDA1vMEUVWjwmSZIsJjFFb7opw1LFODa7ZoAglcTsXPKF8LeuuOQCbc.BmNoOsA44zhTmlj>

Appendix B.1 – On-Screen Meeting Notes

Please see attachment Appendix B_Meeting Notes.pdf.

Appendix B.2 – Meeting Notes

Please see attachment Appendix B_Meeting Notes.pdf.

Appendix C – PowerPoint Slides

Please see attachment Appendix C_CCPM EWG Slide Deck.pdf

Appendix D – Participant Evaluation

All participants received an invitation to participate in a brief post-meeting survey to provide feedback on the Expert Work Group meeting. Four participants responded to this survey. Results are below.

Evaluation Results

The first item asked participants to rate eleven statements related to meeting objectives, content, information learned, meeting logistics, and overall satisfaction. The rating scale used was 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, and 5-Strongly Agree. The following exhibits provide a breakdown of these results.

Exhibit D1. Meeting Objectives and Participant Expectations

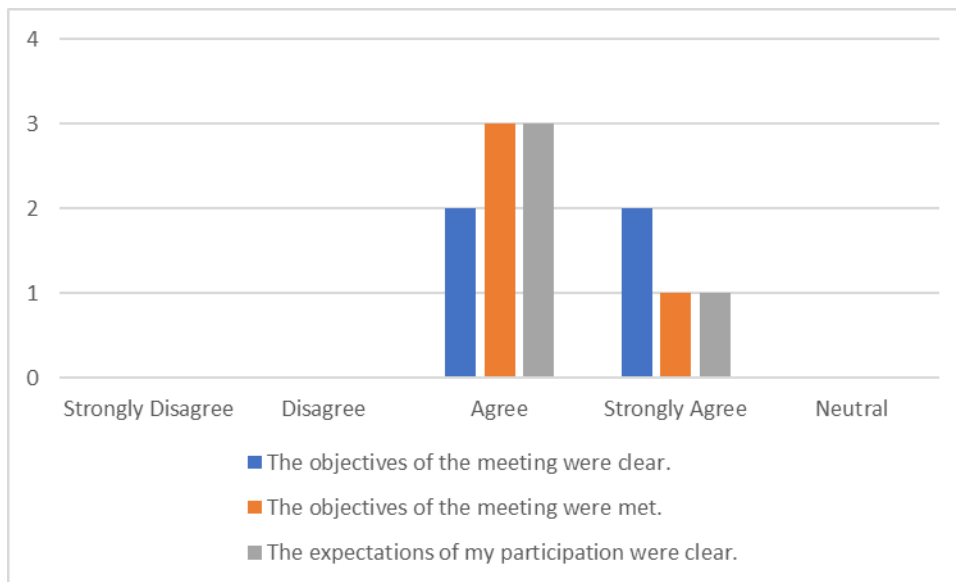


Exhibit D2. Pre-meeting resources and Participant learning²

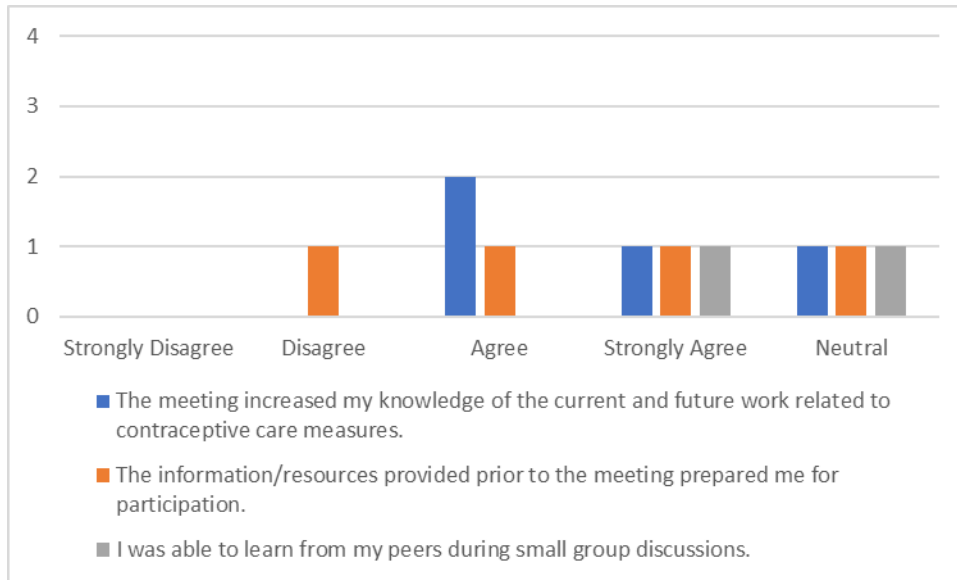
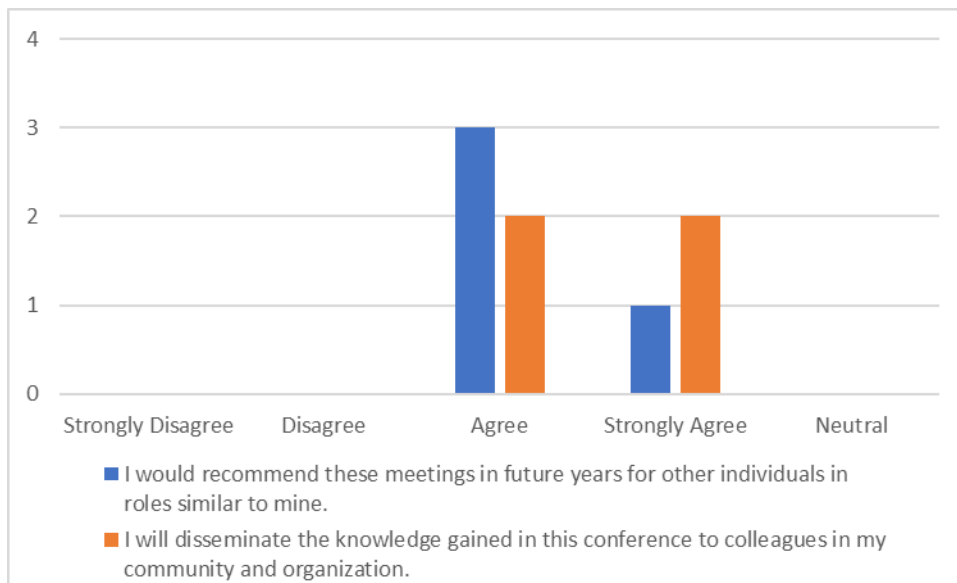
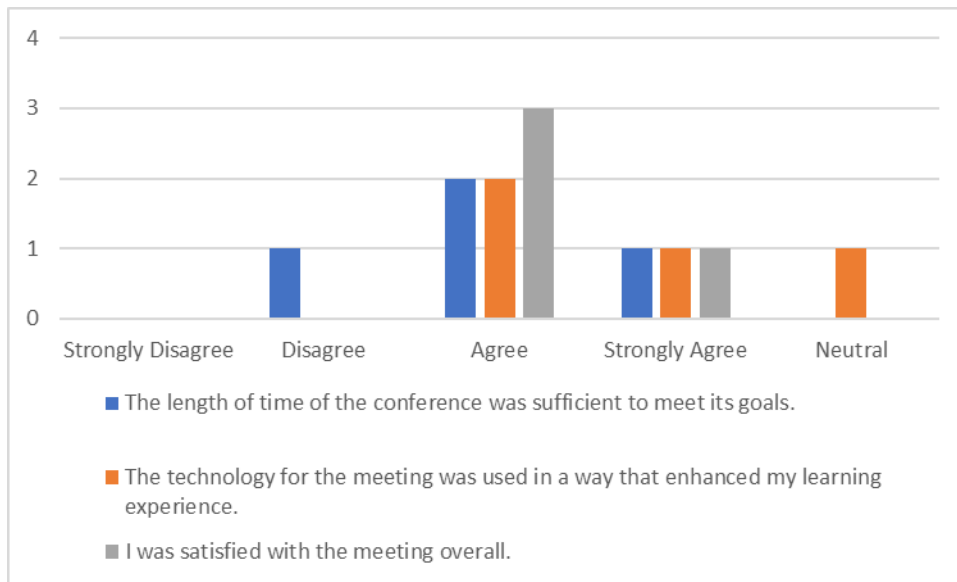


Exhibit D3. Discuss meetings with others



² Two respondents did not provide ratings for the statement: “I was able to learn from my peers during small group discussions.”

Exhibit D4. Meeting logistics and Overall satisfaction



The subsequent items in the evaluation survey were open-ended questions, allowing for free text responses. The questions and verbatim responses (if provided) follow.

What were the strengths of the meeting?

- Expertise of presenters
- Reconnecting with peers in the field; updates to the NQF measures; open discussion at the beginning of the meeting on key questions about the NQF measures
- Variety of stakeholders, opportunity for folks to share with OPA and hear back from them

Was there anything missing from the meeting that you wished were discussed?

- I think we could've spent more time discussing next steps for the NQF measures, outlining roles and responsibilities for different organizations represented on the call to further uptake of the measures

How can OPA improve future meetings?

- Disseminating slide decks ahead of time would've been helpful- there was a lot of technical information presented (particularly on the new measures under development) and it was difficult to digest the information in real time. Coming to the meeting having read the materials and having an open conversation about

them might have been more productive, as opposed to using the time for presentation.

- It will be nice to eventually have an in person meeting maybe with different sessions for brainstorming and more interaction

What additional types of participants would you recommend be invited to join this meeting in the future to discuss contraceptive care measures?

- A representative from a state currently reporting on the NQF measures could've provided unique perspective.
- I was wondering about having some patient stakeholders at the table

Please share any additional comments or feedback you may have about this meeting series.

- I sincerely appreciate OPA continuing to steward and maintain the measures, as well as convening this working group each year. We are the ones carrying the measures forward, and this meeting provides essential space for connection and discussion.