



# Birth Equity Accountability through Measurement (BEAM)

## *Project Overview*

In a joint effort, the **National Committee for Quality Assurance (NCQA)** and the **Reproductive Health Impact (RH Impact)** (formerly known as NBEC) have started work on a new project titled, **Birth Equity Accountability through Measurement (BEAM)**, to develop, test and implement a quality measurement approach that drives high-quality, equitable birthing care across the health care system.

**Background** Evidence of persistent, large and increasing mortality gaps between Non-Hispanic Black and all other birthing people in the U.S., along with patient surveys and personal stories, highlight the role of racism in contributing to health care inequities.<sup>1,2</sup> Research points to persistent race-associated differences in outcomes among birthing people, and existing quality measures are inadequate to highlight gaps and opportunities in this area.<sup>2-4</sup> These alarming differences have led stakeholders to engage in efforts to improve care and outcomes for Black birthing people. In 2021, the White House announced a call to action to reduce maternal mortality and morbidity and committed to championing policies to improve maternal health and equity.<sup>5</sup> The Black Maternal Health Momnibus Act of 2021 was introduced to comprehensively address the maternal health crisis.<sup>6</sup> The federal government has funded several efforts focused on improving data exchange and linking clinical and other data for quality measurement and improvement.<sup>7</sup> Several patient-reported tools assessing childbirth experiences with a specific focus on obstetric racism and respectful care have been developed and tested.<sup>8-10</sup> Finally, the National Quality Forum recently released recommendations for measuring maternal morbidity and mortality and identified measure concepts for further development.<sup>11</sup>

Despite the level of activity in promoting birth equity, there currently is no framework describing practices and standards for equity-centered measurement. Measure concepts proposed for development have not systematically included patient voices in identifying and prioritizing measures that address equity in care access and outcome. Existing measures often represent narrow processes of care, fail to address racist practices and/or policies, and do not promote collaboration and joint accountability of various entities involved in caring for birthing people across settings. ***NBEC and NCQA will move forward work to date by creating, testing and implementing a quality measurement approach that can align levels of the health care system towards birth equity.***

**Our Partnership** NCQA and NBEC accomplish their complementary missions through systems-based approaches and by engaging diverse stakeholders. For example, NCQA recently released its *Health Equity Accreditation* programs to recognize organizations for applying standards to reduce health disparities. NCQA also has developed HEDIS® measures to allow comparison of health plan performance for perinatal care – these measures drive accountability and payment for health care services received by birthing people. NBEC is a national leader in creating tools and solutions to illuminate and support organizational efforts to promote anti-racist models of care. For example, *The Cycle to Respectful Care* outlines an approach to engage birth equity stakeholders to create an actionable framework to dismantle biased practices as well as structural and institutional racism that contribute to discriminatory care. NBEC and NCQA are committed to lifting the patient voice, especially the voices of black birthing people, to improve birth equity. Our strategic partnership will expand the expertise, resources and reach of our respective organizations.



**BEAM Project** The goal of the BEAM project is to develop, validate and implement an actionable set of measures that is aligned across levels of the delivery system (including community and patient partners) to drive equitable care for Black birthing people. Novel to this work is the purposeful centering of the voices of Black birthing people as a foundation for birth equity measurement. We will build on the ongoing efforts of our organizations, drawing upon our respective expertise, networks and infrastructure to achieve national buy-in and implementation in a way that would not be readily achievable by either organization alone.

Phase 1, which is currently underway, will establish a birth equity framework for bundling measures to work across the health care system, with identification of existing measures or new measure concepts that can work within this framework. Phase 1 is funded by the Pritzker Children’s Initiative, W. K. Kellogg Foundation, California Health Care Foundation and the Robert Wood Johnson Foundation. Phase 2 will establish feasibility through pilot testing of the framework across different levels of the health care system. Phase 3 will spread learnings through a toolkit and dissemination activities. The table below outlines the goal, processes, deliverables and impact for each phase.

	<b>Phase 1</b> <i>June 2022 to December 2023</i>	<b>Phase 2</b> <i>24 months</i>	<b>Phase 3</b> <i>12 months</i>
<b>Goal</b>	Establish a strategy for measuring birth equity and promoting alignment across the health care system	Develop measures and establish feasibility of the bundling framework	Use learnings to inform national evaluation programs and measures for quality improvement and accountability
<b>Process</b>	<ol style="list-style-type: none"> <li>1. Assess existing efforts by synthesizing literature and knowledge from key informant interviews.</li> <li>2. Build consensus through a multistakeholder advisory panel, including patients</li> <li>3. Establish framework and guiding principles for bundling measure concepts to promote equity-centered care</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop measures identified in Phase 1</li> <li>2. Pilot test the measure bundles in two states/ delivery systems to assess feasibility and identify key levers for promoting implementation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop a toolkit describing best practices</li> <li>2. Engage in dissemination activities to promote measure bundles.</li> </ol>

<b>Deliverables</b>	<p>1. Framework and principles for bundling/ developing measures with equity lens</p> <p>2. Prioritized draft birth equity measure concepts for piloting in delivery systems</p>	<p>Pilot test results demonstrating validity, feasibility and implementation strategies for birth equity measurement bundle</p>	<p>Widely disseminated change package and curated measure bundles</p>
<b>Impact</b>	<p>Approach for centering quality measurement strategy around the voices of black birthing people and their providers and other key stakeholders</p>	<p>Proof of concept for actionable measure bundles that work together across delivery system (including communities) to drive collaboration and shared accountability</p>	<p>Available set for incorporation into national standards, payment models, and programs to drive transparency, quality improvement, and accountability</p>

<sup>1</sup> National Center for Health Statistics. *Maternal Mortality*. Atlanta, GA: Centers for Disease Control and Prevention; 2019.

<sup>2</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. *MMWR Morb Mortal Wkly Rep*. 2019;68(18):423-429.

<sup>3</sup> Pham O, Usha R. *Racial Disparities in Maternal and Infant Health: An Overview - IssueBrief*. Kaiser Family Foundation; 2020.

<sup>4</sup> Wallace ME, Green C, Richardson L, Theall K, Crear-Perry J. Look at the Whole Me: A Mixed-Methods Examination of Black Infant Mortality in the US through Women’s Lived Experiences and Community Context. *Int J Environ Res Public Health*. 2017;14(7).

<sup>5</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/07/fact-sheet-vice-president-kamala-harris-announces-call-to-action-to-reduce-maternal-mortality-and-morbidity/>

<sup>6</sup> <https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>

<sup>7</sup> <https://www.healthaffairs.org/doi/10.1377/forefront.20210729.265068/full/>

<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/30403975/>

<sup>9</sup> <https://sacredbirth.ucsf.edu/sacred-birth>

<sup>10</sup> <https://birthequity.org/wp-content/uploads/2021/09/ijerph-18-04933-v2-1.pdf>

<sup>11</sup> [https://www.qualityforum.org/Publications/2021/08/Maternal\\_Morbidity\\_and\\_Mortality\\_Measurement\\_Recommendations\\_Fi](https://www.qualityforum.org/Publications/2021/08/Maternal_Morbidity_and_Mortality_Measurement_Recommendations_Fi)