



**Department
of Health**

Medicaid
Redesign Team

Maternity

Clinical Advisory Group

Clinical Advisory Group Meeting 3

Meeting Date: 9/9

September 2015

Agenda

1. Welcome & Look Back First Two Meetings
2. Outcome Measures for Maternity Episode
3. Closing this Series of CAG Sessions and Next Steps

Welcome to the Last Clinical Advisory Meeting of this Cycle

Are there any questions / suggestions based on the content of the first two meetings?

Content Maternity CAG Meeting 1

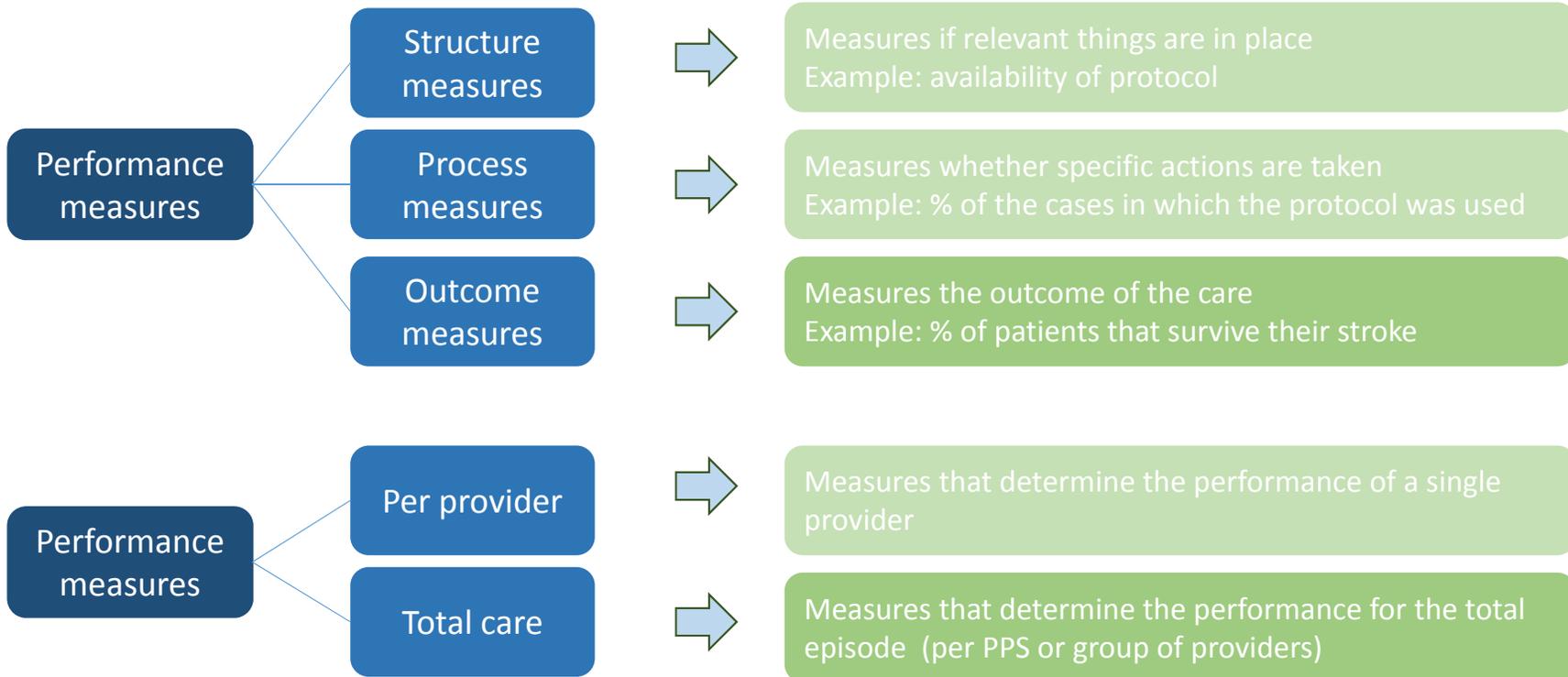
- Introduction to Value Based Payment
- Clinical Advisory Group Roles and Responsibilities
- Understanding the HCI3 Grouper and Development of Care Bundles
- Maternity Bundle – Definition

Content Maternity CAG Meeting 2

- Recap Bundle criteria
- Characteristics of the Maternity Population in the Medicaid Data
- Risk Adjustment for Maternity Care
- Performance Measures (Getting Started)

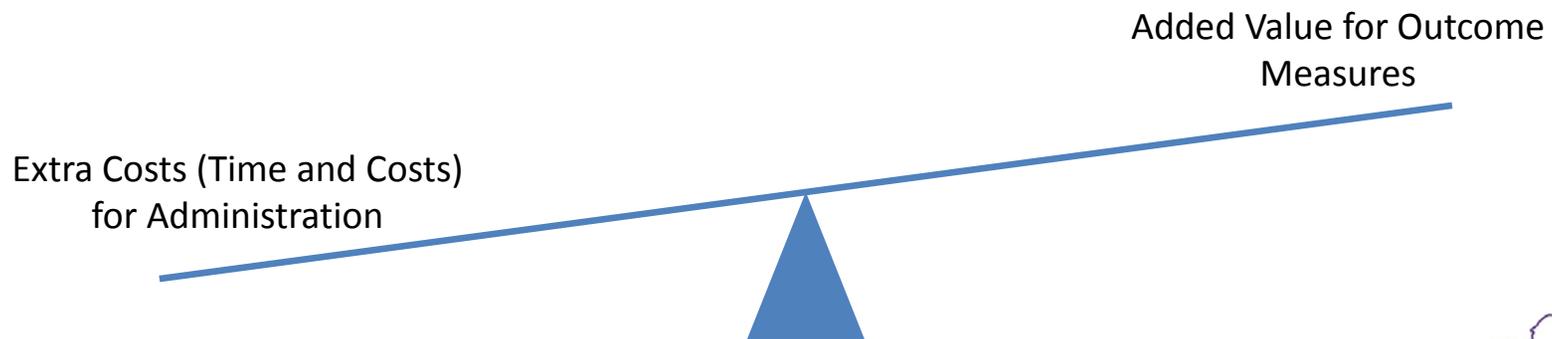
2. Outcome Measures for Maternity Episode

To Assess Value, a Small Key Set of Quality Measures is Needed. Focus Should Be on the *Outcomes* of the Overall Bundle

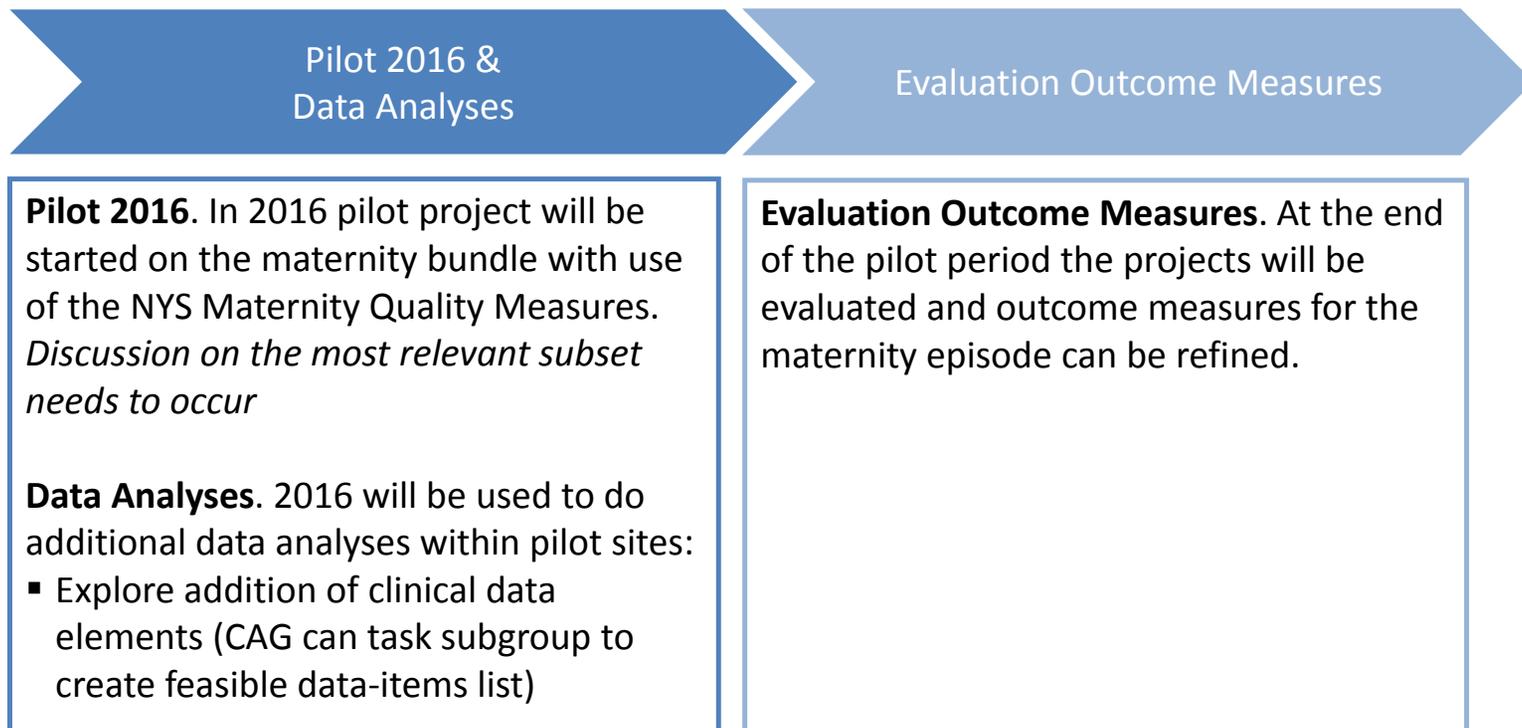


The Effort of Collecting Additional Data for Outcome Measurement Must Be Weighed Against the Added Value

- For maternity care, outcome measures can be derived from claims, but only partially so.
- A second source of information: Vital Statistics (is source for several of the NYS measures in use)
- Third option: adding clinical data (standardized reporting required)
 - *The extra costs (in time and money) of collecting the additional data has to be weighed against the added value of risk adjusting per factor.*



Suggested Process for Fine Tuning Outcome Measures



Which Outcome Measures Are Already Available? QARR and DSRIP

New York Specific QARR measures:

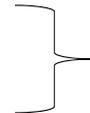
- Low Birth Weight Rate (Risk Adjusted)*¹
- Primary Cesarean Delivery Rate (Risk Adjusted)
- Prenatal Care in the First Trimester (NYS specific)
- Vaginal Birth After Cesarean (VBAC) Rate



Based on linked claims and Vital Statistics data
(calculated by OQPS)

QARR – HEDIS measures:

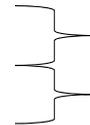
- Prenatal and Postpartum Care (PPC)*
- Frequency of Ongoing Prenatal Care*



Based on claims data

DSRIP only:

- Early Elective deliveries (domain 3)*
- Preterm births (domain 4)*



Based on combination of claims data with (sample
of) medical record data

Based on vital statistics data

* DSRIP measure

¹ www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf; www.health.ny.gov/health_care/managed_care/reports/eqarr/2014/technical_notes.htm.

DSRIP uses a variant of this measure (PQI 9, AHRQ, which is solely claims-based).

Which Outcome Measures Are Already Available? Additional PQI/IQI/PSI/PDI measures

Patient Safety Indicators

- Birth Trauma Rate – Injury to Neonate
- Obstetric Trauma Rate – Vaginal Delivery With Instrument
- Obstetric Trauma Rate – Vaginal Delivery Without Instrument

Pediatric Quality Indicators

- Neonatal Iatrogenic Pneumothorax Rate
- Neonatal Mortality Rate
- Neonatal Blood Stream Infection Rate

Based on claims data

Which Outcome Measures Are Already Available? 2015 Core Set of Maternity Measures for Medicaid and CHIP

The Affordable Care Act (Public Law 111-148) required the Secretary of Health and Human Services (HHS) to identify and publish a core set of health care quality measures for Medicaid-enrolled adults (Adult Core Set) and children (Children Core Set). The relevant measures for maternity care are:

Measures from Adult Core Set

- Elective Delivery
- Antenatal Steroids
- Postpartum Care Rate

Measures from Children Core Set

- Cesarean Section for Nulliparous Singleton Term Vertex (NSTV)
- Live Births Weighing Less than 2,500 Grams
- Frequency of Ongoing Prenatal Care
- Timeliness of Prenatal Care
- Maternity Care – Behavioral Health Risk Assessment

Which Outcome Measures are Endorsed by The National Quality Forum (NQF)

Measures for Pregnancy and Delivery

- Elective Delivery
- Incidence of Episiotomy
- Cesarean Section
- Appropriate Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision – Cesarean Section
- Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery
- Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)

Measures for Newborn Care

- Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge
- Antenatal Steroids
- Under 1500g infant Not Delivered at Appropriate Level of Care
- Neonatal Blood Stream Infection Rate
- Health Care-Associated Bloodstream Infections in Newborns
- Late Sepsis or Meningitis in Very Low Birth Weight (VLBW) Neonates
- Exclusive Breast Milk Feeding
- Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity.

Which Outcome Measures Are Already Available?

Outcome Measures in Use in Texas Maternity Bundle

Pre-natal Care

- Prenatal Care Visit (HEDIS)
- Risk-Appropriate Screening During Pre - Natal Care Visits
- Shared-Decision Making on Mode of Delivery

Delivery Care

- % of Early Elective Deliveries Prior to Full Gestation
- Primary C - Section Rate
- % of Eligible Patients Who Receive Intrapartum Antibiotic Prophylaxis for GBS
- Antenatal Steroids
- Obstetric Trauma – Vaginal Delivery With Instrument
- Obstetric Trauma – Vaginal Delivery Without Instrument
- % of Vaginal Deliveries With Episiotomy

Postpartum Care

- Postnatal Care Visit (HEDIS)
- Blood Pressure Monitoring
- Random Fingerstick Testing; Patient With Results that Exceed a Certain Threshold Required to Have a 2 Hour Fasting Glucose Test
- Depression Screening

Baby Care

- % of Babies Who Were Exclusively Breastfed During Stay
- % of Babies Receiving Hep B Vaccine Prior to Discharge
- % of Babies With Blood Stream Infection (Only Preterm)
- % of Babies With Late Sepsis or Meningitis (Only Preterm)
- % of Babies screened for Retinopathy of Prematurity (Only Preterm)

What would be the ‘best’ set of outcome measures for the maternity episode?

- To measure outcomes, a small key set of quality measures is needed.
- We will go over the different parts of the maternity episode and the key outcome measures.





Selection Outcome Measures Pregnancy

- Which of those outcome measures should be used for the maternity episode?
- Are there any other important quality measures?

Topic	Outcome Measure	NQF Endorsed?	Type of Measure	Availability			
				NYS Quality Measures (DSRIP/QARR)	CMS Medicaid Quality Measures	Medicaid Claims Data	Vital Statistics ¹
Prenatal Care	Frequency of Ongoing Prenatal Care	NO	Process	YES	YES	YES	-
	Timeliness of Prenatal Care	NO	Process	YES	YES	YES	-
Screening / Prevention	Behavioral Health Risk Assessment	NO	Process	NO	YES	NO	YES
	Antenatal Depression Screening	NO	Process	NO	NO	NO	YES
	% of Babies screened for Retinopathy of Prematurity	YES	Process	NO	NO	NO	NO
	Risk-Appropriate Screening During Pre-Natal Care Visits (Gestational Diabetes)	NO	Process	NO	NO	NO	YES
	Antenatal Steroids	YES	Process	NO	YES	NO	YES
	Antenatal Blood Pressure Monitoring	NO	Process	NO	NO	NO	NO
Organization	Shared Decision Making	NO	Process	NO	NO	NO	NO
Experience	Experience of Mother With Pregnancy Care	NO	Outcome	NO	NO	NO	NO

¹Source: <http://www.nyc.gov/html/doh/downloads/pdf/vs/birth-limited-use08.pdf>



Selection Delivery Outcome Measures

- Which of those outcome measures should be used for the maternity episode?
- Are there any other important quality measures?

Topic	Outcome Measure	NQF Endorsed?	Type of Measure	Availability			
				NYS Quality Measures (DSRIP/QARR)	CMS Medicaid Quality Measures	Medicaid Claim Data	Vital Statistics
Vaginal Delivery	% of Vaginal Deliveries With Episiotomy	YES	Process	NO	NO	NO	YES
	3rd or 4th Degree Perineal Laceration During Vaginal Delivery	NO	Outcome	NO	NO	NO	YES
	Vaginal Birth After Cesarean (VBAC) Delivery Rate	NO	Process	YES	NO	NO	YES
C-Sections	C-Section for Nulliparous Singleton Term Vertex (NSTV) (risk adjusted)	YES	Outcome	YES	YES	proxy	YES
	Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	YES	Process	NO	NO	NO	NO
	Appropriate Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision for Women Undergoing Cesarean Delivery	YES	Process	NO	NO	NO	NO
Prevention	Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	YES	Process	NO	NO	NO	NO
Trauma	Birth Trauma Rate – Injury to Neonate	NO	Outcome	NO	NO	YES	YES
	Obstetric Trauma Rate – Vaginal Delivery With Instrument	NO	Outcome	NO	NO	YES	YES
	Obstetric Trauma Rate – Vaginal Delivery Without Instrument	NO	Outcome	NO	NO	YES	YES
Overall	% of Early Elective Deliveries	YES	Outcome	YES	YES	NO	YES
	Live Births Weighing Less than 2,500 Grams (risk adjusted)	NO	Outcome	YES	YES	proxy	YES
	% Preterm births	NO	Outcome	YES	NO	NO	YES
	Under 1500g Infant Not Delivered at Appropriate Level of Care	YES	Process	NO	NO	NO	YES



Selection Post Delivery Mother Care Outcome Measures

- Which of those outcome measures should be used for the maternity episode?
- Are there any other important quality measures?

Topic	Outcome Measure	NQF Endorsed?	Type of Measure	Availability			
				NYS Quality Measures (DSRIP/QARR)	CMS Medicaid Quality Measures	Medicaid Claim Data	Vital Statistics
Monitoring	Postpartum Care	NO	Process	YES	YES	YES	-
	Postpartum Blood Pressure Monitoring	NO	Process	NO	NO	NO	NO
Screening	Postpartum Depression Screening	NO	Process	NO	NO	NO	NO
	Postpartum Glucose Intolerance / Diabetes Screening	NO	Process	NO	NO	NO	NO
Contraceptive Use	LARC uptake	NO	Process	NO	NO ¹	YES	NO

1. CMS has created a set of 'Contraceptive Use Performance Measures' for Medicaid. The indicator '% of women ages 15–44 who are at risk of unintended pregnancy that adopt or continue use of long-acting reversible contraception (LARC)' is on that list. www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/contraceptive-measure-faqs.pdf



Selection Newborn Care Outcome Measures

- Which of those outcome measures should be used for the maternity episode?
- Are there any other important quality measures?

Topic	Outcome Measure	NQF Endorsed?	Type of Measure	Availability			
				NYS Quality Measures (DSRIP/QARR)	CMS Medicaid Quality Measures	Medicaid Claim Data	Vital Statistics
Overall	Neonatal Mortality Rate	NO	Outcome	NO ¹	NO	YES	YES
	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Discharge	YES	Process	NO	NO	NO	NO
	% of Babies Who Were Exclusively Breastfed During Stay	YES	Process	NO	NO	NO	YES
Preterm	% of Babies With Blood Stream Infection	YES	Process	NO	NO	Partly ²	Partly ²
	% of Babies With Late Sepsis or Meningitis	NO	Process	NO	NO	Partly ²	Partly ²
	Neonatal Iatrogenic Pneumothorax Rate	NO	Process	NO	NO	Partly ²	Partly ²
Low Birth Weight	Late Sepsis or Meningitis in Very Low Birth Weight (VLBW) Neonates (risk-adjusted)	YES	Process	NO	NO	YES	NO
NICU	Admission to Neonatal Intensive Care Unit At Term	NO	Process	NO	NO	NO	YES
	NICU stay for Kernicterus	NO	Process	NO	NO	YES	NO
	NICU stay for Intraventricular Hemorrhage	NO	Process	NO	NO	YES	NO

¹ Neonatal Mortality Rate is a key public health measure that is part of the State's Prevention Agenda (www.health.ny.gov/prevention/prevention_agenda/healthy_mothers)

² Claim data can identify specific conditions. If these measures are only for preterm babies, we need the vital statistics to identify the prematurity.

Weighting the Different Measures

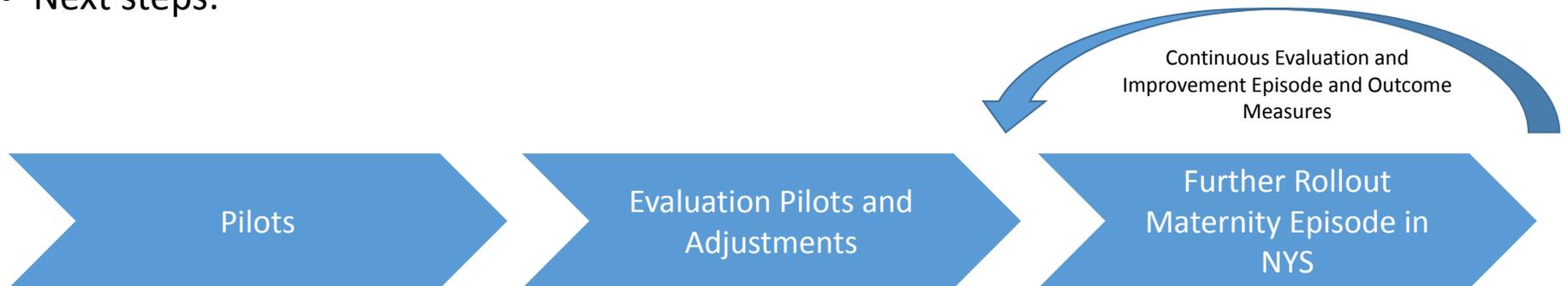
- To create a single composite measure to establish 'value' of maternity care (cost / quality)
- Not all measures may be equally important. By allocating different 'weights' to the measures we can take relative importance into account.
- How would we weight the individual measures?

Part of Care	Measure	Weight
Pregnancy	Measure 1	10
	Measure 2	15
Delivery	Measure 3	5
	Measure 4	20
	Measure 5	10
Post Discharge Mother Care	Measure 6	5
	Measure 7	15
Newborn	Measure 8	5
	Measure 9	5
	Measure 10	10
Total		100

3. Closing this Series of CAG Sessions and Next Steps

Next Steps

- This was the last of the three clinical advisory meeting.
- Next steps:



- Would you like to be involved in the next steps?

Thank You For Participating in The Clinical Advisory Meetings!

Any last comments, questions and / or suggestions?



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Appendix

Definitions Outcome Measures

QARR and DSRIP Quality Measures

New York Specific QARR Measures

Measure Specifications: https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf

Data Source: Based on linked claims and vital statistics data

National Quality Measure	Description
Risk-Adjusted Low Birth Weight Rate	The adjusted rate for live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months.
Prenatal Care in the First Trimester	The rate of continuously enrolled (ten months or more) women with a live birth who had their first prenatal care visit in the first trimester, defined as a prenatal care visit within 90 days of the date of last normal menses. For this analysis, the first prenatal care visit is defined as the date of the first physical and pelvic examinations performed by a physician, nurse practitioner, physician's assistant and/or certified nurse midwife at which time pregnancy is confirmed and a prenatal care treatment regimen is initiated.
Risk-Adjusted Primary Cesarean Delivery Rate	The adjusted rate of live infants born by cesarean delivery to women, continuously enrolled for 10 or more months, who had no prior cesarean deliveries.
Vaginal Birth After Cesarean (VBAC) Rate	The percentage of women continuously enrolled for 10 or more months who delivered a live birth vaginally after having had a prior cesarean delivery.

QARR and DSRIP Quality Measures

QARR – HEDIS Measures

Measure Specifications: https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf

Data Source: Based on linked claims and vital statistics data

National Quality Measure	Description
Prenatal and Postnatal Care (PPC)	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> ▪ <i>Timeliness of Prenatal Care.</i> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. ▪ <i>Postpartum Care.</i> The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
Frequency of Ongoing Prenatal Care	<p>Percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:</p> <ul style="list-style-type: none"> ▪ < 21 percent of expected visits ▪ 21 percent – 40 percent of expected visits ▪ 41 percent – 60 percent of expected visits ▪ 61 percent – 80 percent of expected visits ▪ ≥ 81 percent of expected visits

QARR and DSRIP Quality Measures

DSRIP Only Measures

Measure Specifications: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/dsrip_specif_report_manual.pdf

Data Source: Based on a combination of claims data with medical record data (early elective deliveries) / Based on vital statistics data (preterm births)

National Quality Measure	Description	Numerator	Denominator
Early Elective Deliveries	% of scheduled deliveries occurring at or after 36 0/7 weeks and before 38 6/7 weeks gestation without documentation of listed maternal or fetal reason.	Number of scheduled deliveries occurring at or after 36 0/7 weeks and before 38 6/7 weeks gestation without documentation of listed maternal or fetal reason.	Number of scheduled deliveries occurring at or after 36 0/7 weeks and before 38 6/7.
Preterm Births (domain 4)	% of infants born at less than 37 weeks gestation among infants with known gestational age.	Number of infants born at less than 37 weeks gestation among infants with known gestational age.	Number of births within the measurement period.

QARR Quality Measures

Additional Patient Safety Indicators

Measure Specifications: https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf

Data Source: Based on linked claims data

National Quality Measure	Description	Numerator	Denominator
Obstetric Trauma Rate – Vaginal Delivery With Instrument	Third and fourth degree obstetric traumas per 1,000 vaginal deliveries.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM diagnosis codes for third and fourth degree obstetric trauma.	Vaginal deliveries, identified by DRG or MS-DRG code, with any-listed ICD-9-CM procedure codes for instrument-assisted delivery. Exclude cases: with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)
Obstetric Trauma Rate – Vaginal Delivery Without Instrument	Third and fourth degree obstetric traumas per 1,000 vaginal deliveries. Excludes cases without instrument-assisted delivery.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM diagnosis codes for third and fourth degree obstetric trauma.	Vaginal deliveries, identified by DRG or MS-DRG code. Exclude cases: with any-listed ICD-9-CM procedure codes for instrument-assisted delivery with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)
Birth Trauma Rate – Injury to Neonate	Birth trauma injuries per 1,000 newborns. Excludes preterm infants with a birth weight less than 2,000 grams, cases with injury to brachial plexus, and cases with osteogenesis imperfecta.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM diagnosis codes for birth trauma.	All newborns. Exclude cases: <ul style="list-style-type: none"> ▪ with any-listed ICD-9-CM diagnosis codes for preterm infant with a birth weight less than 2,000 grams ▪ with any-listed ICD-9-CM diagnosis codes for injury to brachial plexus ▪ with any-listed ICD-9-CM diagnosis codes for osteogenesis imperfecta ▪ with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

QARR Quality Measures

Additional Pediatric Quality Indicators (1/3)

Measure Specifications: https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf

Data Source: Based on linked claims data

National Quality Measure	Description	Numerator	Denominator
Neonatal Mortality Rate	In-hospital deaths per 1,000 neonates. Excludes newborns weighing less than 500 grams; cases with anencephaly, polysystic kidney, trisomy 13 or trisomy 18; and transfers to an acute care facility.	Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator.	All newborn and outborn discharges. Exclude cases: <ul style="list-style-type: none"> with any-listed ICD-9-CM diagnosis codes for anencephaly, polycystic kidney, trisomy13, or trisomy 18 with birth weight less than 500 grams (Birth Weight Category 1) transferring to another short-term hospital (DISP=2) with missing discharge disposition (DISP=missing), gender (SEX=missing), age(AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis(DX1=missing)

QARR Quality Measures

Additional Pediatric Quality Indicators (2/3)

National Quality Measure	Description	Numerator	Denominator
Neonate Iatrogenic Pneumothorax Rate	Iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 discharges for neonates weighing 500 grams or more but less than 2,500 grams. Excludes normal newborns; cases with chest trauma, pleural effusion, thoracic surgery, lung or pleural biopsy, diaphragmatic surgery repair, or cardiac surgery; cases with a principal diagnosis of iatrogenic pneumothorax; and cases with a secondary diagnosis of iatrogenic pneumothorax present on admission.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for iatrogenic pneumothorax.	Surgical and medical discharges, for neonates with birth weight less than 2,500 grams. Surgical and medical discharges are defined by specific DRG or MS-DRG codes. Exclude cases: neonates with birth weight less than 500 grams (Birth Weight Category 1) •with a principal ICD-9-CM diagnosis code (or secondary diagnosis code present on admission) for iatrogenic pneumothorax (see above) •with any-listed ICD-9-CM diagnosis codes for chest trauma •with any-listed ICD-9-CM diagnosis codes for pleural effusion •with any-listed ICD-9-CM procedure codes for thoracic surgery •with any-listed ICD-9-CM procedure codes for lung or pleural biopsy •with any-listed ICD-9-CM procedure codes for diaphragmatic surgery repair •with any-listed ICD-9-CM procedure codes for cardiac surgery •normal newborn •MDC 14 (pregnancy, childbirth, and puerperium) •with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

QARR Quality Measures

Additional Pediatric Quality Indicators (3/3)

National Quality Measure	Description	Numerator	Denominator
Neonatal Blood Stream Infection Rate	Discharges with healthcare-associated bloodstream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 7 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with: <ul style="list-style-type: none"> any secondary ICD-9-CM diagnosis codes for other septicemia any secondary ICD-9-CM diagnosis codes for newborn septicemia or bacteremia and any secondary ICD-9-CM diagnosis codes for staphylococcal or Gram-negative bacterial infection 	All newborns and outborns with either: <ul style="list-style-type: none"> a birth weight of 500 to 1,499 grams (Birth Weight Categories 2, 3, 4 and 5); or any-listed ICD-9-CM diagnosis codes for gestational age between 24 and 30 weeks; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and death (DISP=20); or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM procedure codes for operating room procedure; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM procedure codes for mechanical ventilation; or a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and transferring from another health care facility within two days of birth <p>Exclude cases:</p> <ul style="list-style-type: none"> with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for sepsis with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for sepsis or bacteremia with a principal ICD-9-CM diagnosis code (or secondary diagnosis present on admission[†]) for staphylococcal or Gram-negative bacterial infection (see above) with birth weight less than 500 grams (Birth Weight Category 1) with length of stay less than 7 days with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

2015 Core Set of Maternity Measures for Medicaid and CHIP – Adults (1/2)

Measure Steward: Differs per indicator (see column in table)

Measure Specifications: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf>

Data Source: Differs per indicator (see column in table)

Collection Period: 12 months

Update Frequency: Annually

Risk Adjustment: The measures are not risk adjusted.

National Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Elective Delivery	The Joint Commission	Administrative or hybrid	Percentage of Medicaid and CHIP enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.	Medicaid and CHIP enrollees with elective deliveries. Include patients with ICD-9-CM Principal or Other Procedure Codes for one or more of the following: <ul style="list-style-type: none"> Medical induction of labor. Cesarean section as defined in Table PC01-G, and all of the following: <ul style="list-style-type: none"> Not in Labor Not experiencing Spontaneous Rupture of Membranes 	A systematic sample drawn from the eligible population of Medicaid and CHIP enrollees delivering newborns with ≥ 37 and < 39 weeks of gestation completed.

2015 Core Set of Maternity Measures for Medicaid and CHIP – Adults (2/2)

National Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Antenatal Steroids	The Joint Commission	Administrative or hybrid	Percentage of Medicaid and CHIP enrolled women at risk of preterm delivery at ≥ 24 and < 32 weeks gestation that received antenatal steroids prior to delivering preterm newborns.	Medicaid and CHIP enrollees with antenatal steroid therapy initiated prior to delivering preterm newborns.	A systematic sample drawn from the eligible population of Medicaid and CHIP enrolled women delivering live preterm newborns with ≥ 24 and < 32 weeks gestation completed.
Postpartum Care Rate	NCQA / HEDIS	Administrative	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.	The eligible population.	<p>Postpartum Care</p> <p>A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery. Any of the following meet criteria:</p> <ul style="list-style-type: none"> ▪ A postpartum visit (Postpartum Visits Value Set). ▪ Cervical cytology (Cervical Cytology Value Set). ▪ A bundled service (Postpartum Bundled Services Value Set) where the state can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered).

2015 Core Set of Maternity Measures for Medicaid and CHIP – Childs (1/3)

Measure Steward: Differs per indicator (see column in table)

Measure Specifications: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf>

Data Source: Differs per indicator (see column in table)

Collection Period: 12 months

Update Frequency: Annually

Risk Adjustment: The measures are not risk adjusted.

National Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Cesarean Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission	Hybrid	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.	<p>Patients with cesarean sections. Include patients with ICD-9-CM Principal or Other Procedure Codes for Cesarean section.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ ICD-9-CM Principal or Other Diagnosis Codes for contraindications to vaginal delivery as defined in Table PC02-G. ▪ Less than 8 years of age ▪ Greater than or equal to 65 years of age ▪ Length of stay >120 days ▪ Enrolled in clinical trials (See Appendix D for guidance) ▪ Gestational age < 37 weeks 	A systematic sample drawn from the eligible population of nulliparous patients who delivered a live term singleton newborn in vertex presentation.

2015 Core Set of Maternity Measures for Medicaid and CHIP – Childs (2/3)

National Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Live Births Weighing Less than 2,500 Grams	Live Births Weighing Less Than 2,500 Grams	State vital records	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period.	Number of resident live births less than 2,500 grams with Medicaid and/or CHIP as the payer source.	Number of resident live births in the state in the reporting period with Medicaid and/or CHIP as the payer source.
Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Administrative or hybrid	Percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits: <ul style="list-style-type: none"> ▪ < 21 percent of expected visits ▪ 21 percent – 40 percent of expected visits ▪ 41 percent – 60 percent of expected visits ▪ 61 percent – 80 percent of expected visits ▪ ≥ 81 percent of expected visits 	Women who had an unduplicated count of <21 percent, 21 percent–40 percent, 41 percent–60 percent, 61 percent–80 percent, or ≥81 percent of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age.	The eligible population.
Timeliness of Prenatal Care	NCQA/HEDIS	Administrative or hybrid	Percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid/CHIP.	A prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment in Medicaid/CHIP and the gaps in enrollment during the pregnancy. Include only visits that occur while the woman was enrolled.	The eligible population.

2015 Core Set of Maternity Measures for Medicaid and CHIP – Childs (3/3)

National Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Maternity Care – Behavioral Health Risk Assessment	American Medical Association – convened Physician Consortium for Performance Measurement [®] (AMA-PCPI)	Electronic Health Records	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter), and intimate partner violence screening.	Number of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter), and intimate partner violence screening.	The eligible population.

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (1/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Elective Delivery (0469)	The Joint Commission	Administrative claims, Electronic Clinical Data, Paper Records	No risk adjustment or risk stratification	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.	Patients with elective deliveries with ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for one or more of the following: <ul style="list-style-type: none"> Medical induction of labor Cesarean section, while not in Active Labor or experiencing Spontaneous Rupture of Membranes 	Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed	ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07 <ul style="list-style-type: none"> Less than 8 years of age Greater than or equal to 65 years of age Length of Stay >120 days Enrolled in clinical trials
Incidence of Episiotomy (0470)	Christiana Care Health System	Administrative claims, Paper Records	No risk adjustment or risk stratification	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.	Number of episiotomy procedures performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia) during the analytic period- monthly, quarterly, yearly etc.	All vaginal deliveries during the analytic period- monthly, quarterly, yearly etc. excluding those coded with a shoulder dystocia.	Women who have a coded complication of shoulder dystocia. In the case of shoulder dystocia, an episiotomy is performed to free the shoulder and prevent/mitigate birth injury to the infant.

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (2/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Appropriate Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision – Cesarean Section (0472)	Massachusetts General Hospital / Partners Health Care System	Administrative claims, Electronic Clinical Data, Electronic Clinical Data	No risk adjustment or risk stratification	Percentage of patients undergoing cesarean section who receive appropriate prophylactic antibiotics within 60 minutes of the start of the cesarean delivery, unless the patient is already receiving appropriate antibiotics.	Percentage of women who receive recommended antibiotics within one hour before the start of cesarean section. This requires that (a) the antibiotic selection is consistent with current evidence and practice guidelines, and (b) that the antibiotics are given within an hour before delivery. If the patient is already receiving appropriate antibiotics, for example for chorioamnionitis, additional dosing is not necessary.	All patients undergoing cesarean section without evidence of prior infection or already receiving prophylactic antibiotics for other reasons. Patients with significant allergies to penicillin and/or cephalosporins AND allergies to gentamicin and/or clindamycin are also excluded.	Women with evidence of prior infection or already receiving prophylactic antibiotics for other reasons; or with significant allergies to penicillin and/or cephalosporins AND allergies to gentamicin and/or clindamycin. We do not exclude patients having emergency cesarean deliveries. We recognize that while in the case of most urgent and emergent cesarean deliveries administering timely antibiotic prophylaxis will be possible, very rarely clinical circumstances may not permit administration of antibiotic prophylaxis before skin incisions. Specifying these unusual circumstances, especially from readily abstracted medical record data, is not possible/feasible. Allowing a self-defined exclusion risks inappropriate definition. Instead we recognize that ideal performance on this measure may not be 100% given the small number of unusual emergencies and/or other circumstances. Providers/facilities should however target a 100% goal by, among other efforts, considering how antibiotic prophylaxis will be appropriately delivered even in the case of emergencies.

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (3/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Cesarean Section (0471)	The Joint Commission	Administrative claims, Paper Records	No risk adjustment or risk stratification	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.	Patients with cesarean sections with ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for cesarean section.	Nulliparous patients delivered of a live term singleton newborn in vertex presentation.	<ul style="list-style-type: none"> ▪ ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for contraindications to vaginal delivery as defined in Appendix A, Table 11.09 ▪ Less than 8 years of age ▪ Greater than or equal to 65 years of age ▪ Length of Stay >120 days ▪ Enrolled in clinical trials
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery (0473)	Hospital Corporation of America	Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Pharmacy, Paper Records	No risk adjustment or risk stratification	Measure adherence to current ACOG, SMFM recommendations for use of DVT prophylaxis in women undergoing cesarean delivery. Current ACOG and SMFM recommendations call for the use of pneumatic compression devices in all women undergoing cesarean delivery who are not already receiving medical VTE prophylaxis. Numerator: Number of women undergoing cesarean delivery receiving either pneumatic compression device or medical prophylaxis prior to cesarean delivery. Denominator: All women undergoing cesarean delivery.	Number of women undergoing cesarean delivery who receive either fractionated or unfractionated heparin or heparinoid, or pneumatic compression devices prior to surgery	All women undergoing cesarean delivery.	Not receiving medical anticoagulation.

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (4/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge (0475)	Centers for Disease Control and Prevention	Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Pharmacy, Electronic Clinical Data : Registry	No risk adjustment or risk stratification	Percent of live newborn infants that receive hepatitis B vaccination before discharge at each single hospital/birthing facility during given time period (one year).	The number of live newborn infants administered hepatitis B vaccine prior to discharge from the hospital/birthing facility ("birth dose" of hepatitis B vaccine).	The number of live newborn infants born at the hospital/birthing facility during the reporting window (one calendar year)	-
Antenatal Steroids (0476)	The Joint Commission	Electronic Clinical Data, Electronic Clinical Data : Registry, Paper Records	No risk adjustment or risk stratification	This measure assesses patients at risk of preterm delivery at 24 - 32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns.	Patients with a full course of antenatal steroids completed prior to delivering preterm newborns.	Patients delivering live preterm newborns with 24 - 32 weeks gestation completed.	<ul style="list-style-type: none"> ▪ Less than 8 years of age ▪ Greater than or equal to 65 years of age ▪ Length of Stay >120 days ▪ Enrolled in clinical trials ▪ Documented Reason for Not Administering Antenatal Steroid ▪ ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for fetal demise

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (5/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS) (1746)	Massachusetts General Hospital	Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Records	No risk adjustment or risk stratification	Percentage of pregnant women who are eligible for and receive appropriate intrapartum antibiotic prophylaxis (IAP) for Group B Streptococcus (GBS)	All eligible patients who receive intrapartum antibiotic prophylaxis for GBS.	All women delivering live infants, except certain classes (described in response to 2a1.9 below) who are specifically deemed not to be at risk of vertical transmission of GBS.	Women not included in the denominator.
Under 1,500 Gram Infant Not Delivered at Appropriate Level of Care (0477)	California Maternal Quality Care Collaborative	Electronic Clinical Data : Registry, Other	No risk adjustment or risk stratification	The number per 1,000 livebirths of <1500g infants delivered at hospitals not appropriate for that size infant.	Liveborn infants (<1500gms but over 24 weeks gestation) born at the given birth hospital.	All live births over 24 weeks gestation at the given birth hospital. NICU Level III status is defined by the State Department of Health or similar body typically using American Academy of Pediatrics Criteria.	Stillbirths and livebirths <24 weeks gestation.

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (6/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Neonatal Blood Stream Infection Rate (NQI #3) (0478)	Agency for Healthcare Research and Quality	Administrative claims	Statistical risk model	Percentage of high-risk newborn discharges with an ICD-9-CM diagnosis code of bloodstream infection.	Discharges among cases meeting the inclusion and exclusion rules for the denominator with an ICD-9-CM code for bloodstream infection in any secondary diagnosis field.	All newborns and outborns with <ul style="list-style-type: none"> ▪ Birth weight 500 to 1499g ▪ Gestational age between 24 and 30 weeks ▪ Birth weight greater than or equal to 1500g AND <ul style="list-style-type: none"> ▪ in-hospital death ▪ operating room procedure ▪ mechanical ventilation ▪ age in days less than 2 AND transferred from another health care facility 	Exclude cases: <ul style="list-style-type: none"> ▪ with principal diagnosis code of sepsis or secondary diagnosis code present on admission ▪ with birth weight less than 500 grams ▪ with length of stay less than 2 days ▪ with missing data for (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing) ▪ See Pediatric Quality Indicators Appendices: Appendix L – Low Birth Weight Categories

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (7/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Health Care-Associated Bloodstream Infections in Newborn (1731)	The Joint Commission	Administrative claims, Electronic Clinical Data, Paper Records	Statistical risk model	This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns.	Newborns with septicemia or bacteremia with an ICD-9-CM Other Diagnosis Codes for septicemias OR one or more ICD-9-CM Other Diagnosis Codes for newborn septicemia or bacteremia and one diagnosis code for newborn bacteremia.	Liveborn newborns with an ICD-9-CM Other Diagnosis Codes for birth weight between 500 and 1499g OR Birth Weight between 500 and 1499g OR an ICD-9-CM Other Diagnosis Codes for birth weight = 1500g OR Birth Weight = 1500g who experienced one or more of the following: <ul style="list-style-type: none"> ▪ Experienced death ▪ ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for major surgery ▪ ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for mechanical ventilation ▪ Transferred in from another acute care hospital or health care setting within 2 days of birth. 	<ul style="list-style-type: none"> ▪ ICD-9-CM Principal Diagnosis Code for sepsis ▪ ICD-9-CM Principal Diagnosis Code for liveborn newborn AND ICD-9-CM Other Diagnosis Codes for newborn septicemia or bacteremia ▪ ICD-9-CM Other Diagnosis Codes for birth weight < 500g OR Birth Weight < 500g ▪ Length of Stay < 2 days OR > 120 days ▪ Enrolled in clinical trials

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (8/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Late Sepsis or Meningitis in Very Low Birth Weight (VLBW) Neonates (risk-adjusted) (0304)	Vermont Oxford Network (VON)	Electronic Clinical Data : Registry	Statistical risk model	Standardized rate and standardized morbidity ratio for nosocomial bacterial infection after day 3 of life for very low birth weight infants, including infants with birth weights between 401 and 1500 grams and infants whose gestational age is between 22 and 29 weeks.	<p>Eligible infants with one or more of the following criteria:</p> <ul style="list-style-type: none"> ▪ Criterion 1: Bacterial Pathogen. A bacterial pathogen is recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life. ▪ Criterion 2: Coagulase Negative Staphylococcus. The infant has all 3 of the following: <ol style="list-style-type: none"> 1. Coagulase negative staphylococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain. 2. One or more signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability). 3. Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or more days. 	Eligible infants who are in the reporting hospital after day 3 of life.	Exclude patients who do not meet eligibility criteria for birth weight, gestational age or hospital admission, or if the infant is discharged home, is transferred or dies prior to day 3 of life.

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (9/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Exclusive Breast Milk Feeding (0480)	The Joint Commission	Administrative claims, Electronic Clinical Data, Paper Records	No risk adjustment or risk stratification	This measure assesses the number of newborns exclusively fed breast milk feeding during the newborn's entire hospitalization.	Newborns that were fed breast milk only since birth.	Single term liveborn newborns discharged from the hospital with ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for single liveborn newborn.	<ul style="list-style-type: none"> ▪ Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization ▪ ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for galactosemia ▪ ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for parenteral infusion • Experienced death ▪ Length of Stay >120 days ▪ Enrolled in clinical trials ▪ Documented Reason for Not Exclusively Feeding Breast Milk ▪ Patients transferred to another hospital ▪ ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for premature newborns

Outcome Measures Perinatal Care Endorsed by the National Quality Forum (10/10)

National Quality Measure	Measure Steward	Data Source	Risk Adjustment	Description	Numerator	Denominator	Exclusions
Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity (0483)	Vermont Oxford Network	Administrative claims, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Registry, Paper Records	Stratification by risk category / subgroup	Proportion of infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for retinopathy of prematurity (ROP) screening by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge.	Number of infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for ROP screening by the AAP and who received a retinal exam for ROP prior to discharge.	All eligible infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for ROP screening by the AAP.	<ol style="list-style-type: none"> 1. Infants outside the gestational age range of 22 to 29 weeks. 2. Outborn infants admitted to the reporting hospital more than 28 days after birth. 3. Outborn infants who have been home prior to admission. 4. Infants who die in the delivery room or initial resuscitation area prior to admission to the neonatal intensive care unit. 5. Infants not in the reporting hospital at the postnatal age recommended for ROP screening by the AAP.

Outcome Measures Perinatal Care Not Endorsed by the National Quality Forum

Outcome Measures Perinatal Care Not Endorsed by the National Quality Forum

- 0479 Birth Dose of Hepatitis B Vaccine and Hepatitis B Immune Globulin for Newborns of Hepatitis B Surface Antigen (HBsAg) Positive Mothers
- 0481 First Temperature Measured Within One Hour of Admission to the NICU
- 0482 First NICU Temperature < 36 degrees Centigrade
- 0303 Late Sepsis or Meningitis in Neonates (risk-adjusted)
- 0502 Pregnancy Test for Female Abdominal Pain Patients
- 0582 Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents
- 1769 Adverse Outcome Index
- 0741 Five Minute APGAR Less Than 7
- 0742 Birth Trauma
- 0743 In-hospital Maternal Deaths
- 0744 Uterine Rupture During Labor
- 0745 Unplanned maternal admission to the ICU
- 0746 In-hospital Neonatal Death
- 0747 Admission to Neonatal Intensive Care Unit at Term
- 0748 Third or Fourth Degree Perineal Laceration
- 0749 Unanticipated Operative Procedure 0750 Maternal blood transfusion

Outcome Measures HCI3 Project Texas (1/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
Prenatal Care Visit (HEDIS)	P4Q - STAR Population, Provider Incentive - OB, HHSC Quality of Care	The percentage of physician's member population that delivered and received a prenatal care visit within the first trimester or within 42 days of enrollment in Community Health Choice's organization.	HEDIS	HEDIS
Risk-Appropriate Screening During Pre-Natal Care Visits	AHRQ guideline: National Collaborating Centre for Women's and Children's Health. Antenatal care: routine care for the healthy pregnant woman.	Pregnant women are offered testing for gestational diabetes if they are identified as at risk of gestational diabetes at the booking appointment.	the number of women in the denominator receiving testing for gestational diabetes.	the number of pregnant women identified as at risk of gestational diabetes at the booking appointment.
Shared-Decision Making on Mode of Delivery	Informed Medical Decisions Foundation	Percentage of pregnant women with documented shared decision-making including discussion of mode of delivery	Pregnant women with documented shared decision-making including discussion of delivery choice	All Pregnant women

Outcome Measures HCI3 Project Texas (2/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Early Elective Deliveries Prior to Full Gestation	Joint commission	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding)	Medical induction of labor as defined in Appendix A, Table 11.05 available at: http://manual.jointcommission.org Cesarean section as defined in Appendix A, Table 11.06 and all of the following: not in labor, not experiencing spontaneous rupture of membranes, not history of prior uterine surgery	Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed with ICD-9-CM Principal or Other Diagnosis Codes for pregnancy ICD-9-CM Other Diagnosis Codes for planned cesarean section in labor
Primary C-Section Rate	Christiana Care Health System	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.	Number of episiotomy procedures (ICD-9 code 72.1, 72.21, 72.31, 72.71, 73.6; ICD-10 PCS:0W8NXZZ,0WQNXZZ,10D07Z3, 10D07Z4,10D07Z5,10D07Z6) performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia) during the analytic period- monthly,quarterly, yearly etc	All vaginal deliveries during the analytic period- monthly, quarterly, yearly etc. excluding those coded with a shoulder dystocia.



Outcome Measures HCI3 Project Texas (3/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Eligible Patients Who Receive Intrapartum Antibiotic Prophylaxis for GBS and / or Antenatal Steroids	Massachusetts General Hospital	Percentage of pregnant women who are eligible for and receive appropriate intrapartum antibiotic prophylaxis (IAP) for Group B Streptococcus (GBS)	All eligible patients who receive intrapartum antibiotic prophylaxis for GBS.	All women delivering live infants, except certain classes (described in response to 2a1.9 below) who are specifically deemed not to be at risk of vertical transmission of GBS.
Obstetric Trauma – Vaginal Delivery With Instrument	AHRQ Quality Indicators	Third and fourth degree obstetric traumas per 1,000 vaginal deliveries.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM diagnosis codes for third and fourth degree obstetric trauma.	Vaginal deliveries, identified by DRG or MS-DRG code, with any-listed ICD-9-CM procedure codes for instrument-assisted delivery. Exclude cases: with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)
Obstetric Trauma – Vaginal Delivery Without Instrument	AHRQ Quality Indicators	Third and fourth degree obstetric traumas per 1,000 vaginal deliveries. Excludes cases without instrument-assisted delivery.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any-listed ICD-9-CM diagnosis codes for third and fourth degree obstetric trauma.	Vaginal deliveries, identified by DRG or MS-DRG code. Exclude cases: with any-listed ICD-9-CM procedure codes for instrument-assisted delivery with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

Outcome Measures HCI3 Project Texas (4/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Vaginal Deliveries With Episiotomy	Christiana Care Health System	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.	Number of episiotomy procedures (ICD-9 code 72.1, 72.21, 72.31, 72.71, 73.6; ICD-10 PCS:0W8NXZZ,0WQNXZZ,10D07Z3, 10D07Z4,10D07Z5,10D07Z6) performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia) during the analytic period- monthly,quarterly, yearly etc	All vaginal deliveries during the analytic period- monthly, quarterly, yearly etc. excluding those coded with a shoulder dystocia.
Postnatal Care Visit (HEDIS)	P4Q - STAR Population, Provider Incentive - OB, HHSC Quality of Care	The percentage of physician's member population that delivered and had a postpartum visit on or between 21 and 56 days after delivery.		
Blood Pressure Monitoring		This is an important part of postpartum care and helps to detect women with persistent high BP postpartum.	Percentage of delivered women who had blood pressure checked postpartum.	All women who have given birth in the same period.



Outcome Measures HCI3 Project Texas (5/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
Random Fingerstick Testing	Suggested by ACOG, CDC and ADA	It is a measure for early detection and prevention of chronic conditions(diabetes).	Percentage of women with abnormal blood glucose levels during pregnancy who received Fasting blood glucose/ random finger prick for FBG/OGTT screening in the postpartum period.	All women who had abnormal blood glucose levels during pregnancy.
Depression Screening	This is not an endorsed measure, however it is important to raise awareness of this serious problem in the postpartum period.	Although definitive evidence of benefit of screening without follow up treatment is limited, the American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.	Percentage of delivered women who had some form of validated post partum depression screening.	All women who have given birth during the same period.

Outcome Measures HCI3 Project Texas (6/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Babies Who Were Exclusively Breastfed During Stay	Joint Commission	PC-05 assesses the number of newborns exclusively fed breast milk during the newborn’s entire hospitalization and a second rate, PC-05a which is a subset of the first, which includes only those newborns whose mothers chose to exclusively feed breast milk. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns).	PC-05 Single term liveborn newborns discharged from the hospital with ICD-9-CM Principal Diagnosis Code for single liveborn newborn as defined in Appendix A, Table 11.20.1 available at: http://manual.jointcommission.org PC-05a Single term newborns discharged alive from the hospital excluding those whose mothers chose not to exclusively breast feed with ICD-9-CM Principal Diagnosis Code for single liveborn newborn.	PC-05 Newborns that were fed breast milk only since birth PC-05a Newborns that were fed breast milk only since birth Denominator Statement: PC-05 Single term liveborn newborns discharged from the hospital with ICD-9-CM Principal Diagnosis Code for single liveborn newborn as defined in Appendix A, Table 11.20.1 available at: http://manual.jointcommission.org PC-05a Single term newborns discharged alive from the hospital excluding those whose mothers chose not to exclusively breast feed with ICD-9-CM Principal Diagnosis Code for single liveborn newborn as defined in Appendix A, Table 11.20.1 available at: http://manual.jointcommission.org

Outcome Measures HCl3 Project Texas (7/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Babies Receiving Hep B Vaccine Prior to Discharge	Centers for Disease Control and Prevention	Percent of live newborn infants that receive hepatitis B vaccination before discharge at each single hospital/birthing facility during given time period (one year).	The number of live newborn infants administered hepatitis B vaccine prior to discharge from the hospital/birthing facility ("birth dose" of hepatitis B vaccine).	The number of live newborn infants born at the hospital/birthing facility during the reporting window (one calendar year)
% of Babies With Blood Stream Infection (Only Preterm)	Agency for Healthcare Research and Quality	Discharges with healthcare-associated bloodstream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 7 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with either: any secondary ICD-9-CM diagnosis codes for other septicemia; or any secondary ICD-9-CM diagnosis codes for newborn septicemia or bacteremia and any secondary ICD-9-CM diagnosis codes for staphylococcal or Gram-negative bacterial infection	All newborns and outborns with either: •a birth weight of 500 to 1,499 grams (Birth Weight Categories 2, 3, 4 and 5); orb•any-listed ICD-9-CM diagnosis codes for gestational age between 24 and 30 weeks; or •a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and death (DISP=20); or •a birth weight greater than or equal to 1,500 grams (Birth Weight •a birth •a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and transferring from another health care facility within two days of birth•a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM procedure codes for mechanical ventilation; or•a birth weight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM procedure codes for operating room procedure; orweight greater than or equal to 1,500 grams (Birth Weight Category 6, 7, 8, or 9) and any-listed ICD-9-CM procedure codes for operating room procedure; orCategory 6, 7, 8, or 9) and any-listed ICD-9-CM procedure codes for operating room procedure; or



Outcome Measures HCI3 Project Texas (8/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Babies With Late Sepsis or Meningitis (Only Preterm)	Joint Commission	Standardized rate and standardized morbidity ratio for nosocomial bacterial infection after day 3 of life for very low birth weight infants, including infants with birth weights between 401 and 1500 grams and infants whose gestational age is between 22 and 29 weeks.	Eligible infants with one or more of the following criteria: Criterion 1: Bacterial Pathogen. A bacterial pathogen is recovered from a blood and/or cerebral spinal fluid culture obtained after Day 3 of life. OR Criterion 2: Coagulase Negative Staphylococcus. The infant has all 3 of the following: 1. Coagulase negative staphylococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain. 2. One or more signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability). 3. Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or more days.	Eligible infants who are in the reporting hospital after day 3 of life. Exclusions: Exclude patients who do not meet eligibility criteria for birth weight, gestational age or hospital admission, or if the infant is discharged home, is transferred or dies prior to day 3 of life.

Outcome Measures HCI3 Project Texas (9/9)

National Quality Measure	Measure Source	Description	Numerator	Denominator
% of Babies screened for Retinopathy of Prematurity (Only Preterm)	Vermont Oxford Network	Proportion of infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for retinopathy of prematurity (ROP) screening by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge.	Number of infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for ROP screening by the AAP and who received a retinal exam for ROP prior to discharge.	All eligible infants 22 to 29 weeks gestation who were in the reporting hospital at the postnatal age recommended for ROP screening by the AAP.