

Using Data to Drive Excellence in Maternity Care

CMQCC: Transforming Maternity Care

CMQCC and CPQCC Mission: Improving care for moms and newborns California Maternal Quality Care Collaborative (CMQCC) Expertise in maternal data analysis Developer of QI toolkits Host of collaborative learning sessions California Perinatal Quality Care Collaborative (CPQCC) Expertise in data capture from hospitals Established secure data center Data use agreements in place with 130 hospitals with NICUs Model of working with state agencies to provide data of value

Rationale for Maternal Data Center High Volume Service Childbirth the leading reason for hospitalization in U.S. Normal Newborn' highest volume MS-DRG for 60% of California hospitals Changing practice patterns and substantial variation Maternal mortality 5.6/100K to 16.9/100K from 1996-2006 Inductions: 9.5% to 22.5% from 1990-2006 C-sections: 21% to 33% from 1996-2009 Elective deliveries <39 Weeks becoming the "hot button" patient safety issue

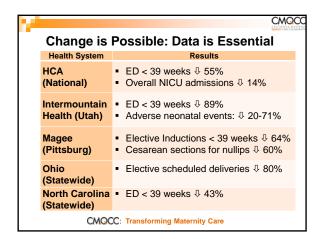
Reporting Mandates Coming

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- ED<39 weeks measure included in CMS' Hospital Quality Reporting Program for FY 2015 payment determination: data collection beginning with January 2013 discharges
- TJC to <u>require</u> reporting of perinatal set for hospitals that perform minimum volume of deliveries—starting January 2013.
- Medi-Cal has applied for federal grant to test collection and reporting of the perinatal metrics endorsed by CMS, including ED < 39 Weeks and Antenatal Steroids

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CMQCC
The California Maternal Data Center (CMDC) Project Vision
 Build a statewide data center to collect and report timely maternity metrics—in way that is low cost, low burden and high value for hospitals
 Produce metrics that will support QI and L&D service line management
 Improve quality of administrative data
 Facilitate reporting to national performance organizations
 Over time, publicly report select set of robust measures to inform decisions of childbearing women
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	CMDC's	Clini	cal Qua	lity M	eası	ıres	
		NQF	Joint Commission	Leapfrog	CMS	Medi- Cal	CHA HEN
	Elective Deliveries 37 - 39 week rate	✓	✓	✓	✓	✓	✓
rent	C-Section rate Term 1 st Birth (NTSV) Infants < 1500 grams	✓	✓		✓		✓
Cur	Infants < 1500 grams at appropriate level	✓					✓
	Episiotomy rate	✓					
	Newborn Complications rate	✓					
2	Antenatal Steroids	✓	✓	✓		✓	✓
Soon	Neonatal Blood Stream Infections	✓	✓				
	Exclusive Breast Milk	✓	✓				
	CMQC	C: Trai	nsforming Ma	ternity Ca	re		

CMQCQ	
CMQCC Approach	
Minimize hospital burden by using existing data! (1) Birth Data: Expedited birth certificate file direct from Vital Records (CDPH)	
(2) Discharge Data: Identical to OSHPD submission BUT: • More frequent submission than to OSHPD (monthly or quarterly vs. semi-annual) • SSN stripped • MRN encrypted during transmission	
(3) Clinical Data for ED <39 weeks measure (2 only): Spontaneous Rupture of Membranes Active Labor	
Solution: CMDC applies an initial algorithm to significantly reduce the number of patient records requiring very limited chart review (3-6% of total delivery volume) CMQCC: Transforming Maternity Care	
CMQCC	
California Maternal Data Center	
Web Tool	
Explore the tool for yourself at: https://demo.datacenter.cmgcc.org	
OR	-
Screen shots at end of this presentation	
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CMOCC
Why Participate?
Drill-down patient information to facilitate QI
 Statewide, regional and system-wide benchmarks
 Reporting mandates for perinatal measures coming
 ED<39 weeks measure included in Hospital IQR Program for FY 2015 payment determination: data collection beginning with January 2013 discharges
 Likelihood that TJC will require reporting of perinatal set
 Medi-Cal Quality Dashboard under development
 Data quality reports to identify coding issues that impact performance
 Cost effective method for generating perinatal quality metrics and facilitating reporting (Leapfrog, CHA HEN)
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CMQCC **Data Uses** Confidential Hospital-level reports for benchmarking and service line management Aggregate analyses showing trends and associations between practices and outcomes With explicit hospital authorization, transmittal of aggregate metrics to external organizations (e.g., Patient Safety Collaborative, CHA HEN) Eventually, reporting of select measure set to inform consumer choice (like CMS Hospital Compare). "New" measure reporting to occur only after: > One year quality improvement cycle Thorough review of measure validity by Data & Measures Group > Approval by multi-stakeholder Steering Committee **CMQCC**: Transforming Maternity Care CMQCC **Participation Requirements** Coordination Complete a Participation and Data Use Agreement with CMQCC Appoint Project Coordinator for the hospital. **Data Submissions** Identify IT staff to upload patient discharge data to the CMDC on a monthly or quarterly basis: Best to delegate to department responsible for OSHPD PDD submission Identify staff to complete any required manual linkages and medical chart review for the 3-6% of birth records that require additional information for the ED < 39 weeks measure Use Results for Clinical and Data QI Participate in quality review sessions with CMQCC staff. **CMOCC: Transforming Maternity Care** CMQCC **CMQCC Website** For more information on CMDC: Step-by-step participation instructions Data Specifications Interactive Demo Site

Contact Anne Castles at acastles@cmqcc.org or 626-639-3044. CMQCC: Transforming Maternity Care

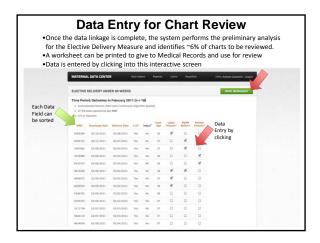
Go to www.cmqcc.org

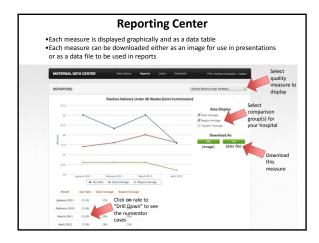
toolbar Contact

Select California Maternal Data Center on left-side



Uploading Data Files - Hospital uploads Discharge Data for one or more months - CMQCC receives Birth Data directly from the Center for Health Statistics - After both files uploaded, linkage occurs instanaeously, - If additional matching or record review required, notation "Action Needed" appear MATERNAL DATA CENTER - Data Status - Support Center - Light Complete - C





Drill Down Information

- Can drill down to see case-level information
- Hover boxes show definitions for ICD-9 codes



Data Quality Reports

- Identify discrepancies or missing data in Birth Certificate and Discharge data files
- Use to target data quality improvement



