NPIC/QAS Discussion:
New Perinatal Care Core Measure Requirements

CMS PC 01 Submission
The Joint Commission 2014 Perinatal Care Core Measure Set

March 7, 2013
Re-recorded March 12, 2013

Janet H. Muri President
Sandra Boyle, Director of Membership Services
Annemarie D’Abrosca, Senior Analyst

Comparing Data, Improving Quality, Driving Value
**Webinar Objectives**

- Brief Background on NPIC/QAS
- Discuss CMS 2013 requirement that all hospitals submit data on Elective Deliveries
- Discuss The Joint Commission (TJC) 2014 requirement that hospitals with $\geq 1100$ deliveries annually submit the Perinatal Care Measure Set
- Share NPIC/QAS options for submitting the data to meet those requirements
Background – NPIC/QAS
(Providence, Rhode Island)

- Incorporated in 1985, 501 (C) (3)

- Membership of perinatal hospitals throughout the country; annual membership data base is the largest repository of perinatal data in the country; 720,000 perinatal discharges;

- Contract and collaborative relationships
  - Military Health System (DoD)
  - Harvard Risk Management Strategies Foundation
    - Adverse Outcome Index (AOI)
  - Premier, Inc.
Background – NPIC/QAS
(Continued…)

• Contract and collaborative relationships (continued)
  ➢ Georgia Regional Perinatal Care Network
  ➢ AHA Maternal & Child Health Governing Council (permanent guest seat)
  ➢ ACOG (Data Dictionary Work Group)
  ➢ American Board of Pediatrics/AAP (MOC Part 4 program)

• Vendor for The Joint Commission PC Core Measure Set (seat on the Technical Advisory Panel)

• Annually process, analyze and report on close to 1 million perinatal events
Perinatal Care (PC) Core Measure Set

Background

• Previous PR measures were calculated using administrative data- 100% of cases were in the calculation

• Four of five current PC measures require data variables NOT generally available in the administrative data set

• Variables may or may not be available in an electronic format

• Most hospitals have to abstract some data in order to meet the CMS/TJC requirements

• Hospitals may elect to submit data on 100% of their cases; not practical for large volume hospitals
Perinatal Care Core Measures

- PC-01 Elective Deliveries (37-38 weeks completed gestation)
- PC-02 Cesarean Section (low-risk deliveries - NTSV)
- PC-03 Antenatal Steroids (≥ 24 weeks - < 32 weeks gestation)
- PC-04 Health Care Associated Bloodstream Infections in the Newborn
- PC-05 Exclusive Breast Milk Feeding (through discharge)
## Volume/ Sampling counts

<table>
<thead>
<tr>
<th>Average Monthly Initial Patient Sample Group Size*</th>
<th>Minimum Required Sampling Group Sample Size “n”</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 501 (Annual volume: &gt; 6,012)</td>
<td>101 (303 quarterly)</td>
</tr>
<tr>
<td>126-500 (Annual volume: 1,512 - 6,000)</td>
<td>20% of Initial Patient Population (75 - 300 quarterly)</td>
</tr>
<tr>
<td>25-125 (Annual volume: 300 - 1,500)</td>
<td>25 (75 quarterly)</td>
</tr>
<tr>
<td>&lt; 25 (Annual volume &lt; 300)</td>
<td>No sampling: 100% Initial Patient Population required</td>
</tr>
</tbody>
</table>

* Tracks roughly to monthly volume
References

- TJC specifications link: https://manual.jointcommission.org/releases/TJC2013A

- Celeste Milton, Program Manager for the Perinatal Care Core Measure Set.

- *Updates on the Perinatal Care (PC) Core Measure Set* Hosted 11/01/12 (The webinar is available on our website www.npic.org Membership Services; Core Measure Services)
## Joint Commission PC Rates - Q2, 2012

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Name</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 01</td>
<td>Elective Delivery</td>
<td>10.0%</td>
</tr>
<tr>
<td>PC 02</td>
<td>C-section</td>
<td>26.2%</td>
</tr>
<tr>
<td>PC 03</td>
<td>Antenatal Steroids</td>
<td>78.0%</td>
</tr>
<tr>
<td>PC 04</td>
<td>Newborn Bloodstream Infection</td>
<td>2.6%</td>
</tr>
<tr>
<td>PC 05</td>
<td>Exclusive Breastfeeding</td>
<td>54.0%</td>
</tr>
</tbody>
</table>

* ~ 150-160 hospitals reporting
CMS PC 01 Elective Delivery Requirement
CMS PC 01 Requirement

- Federal Register Final Rule: August 31, 2012
- Vol. 77 No. 170 pages 53528-53531
- Quarterly submission required by all Inpatient Quality Reporting (IQR) hospitals starting with 1/1/2013 discharges (even if you do not do deliveries) www.qualitynet.org
- Will impact FY 2015 Payment update
- Data submission period:
  - **Q1, 2013: 07/01/13 - 08/15/13**
  - **Q2, 2013: 10/01/13 - 11/15/13**
  - **Q3, 2013: 01/01/14 - 02/15/14**
  - **Q4, 2013: 04/01/14 - 05/15/14**
CMS Data Submission Requirements

- Hospitals are required to use the Joint Commission PC 01 algorithm (NQF #0469)
- QNet submission requires aggregate counts
- *Initial population, sampling frequency, sample size, exclusions by category, numerator and denominator*
- Hospitals may submit directly to QNet or use a vendor that submits to TJC; *can use different vendors for different core measure sets*
- Submission to CMS by vendor or hospital using the CMS online data entry tool
**PC 01 Population Counts and Sampling Strategy**

- **Initial Population:** ICD-9-CM Principal or other dx codes related to labor and delivery (Appendix A Tables 11.01, 11.02, 11.03 or 11.04) between ages 8 and 64 that have a LOS $\leq 120$ (*basically all delivered cases*)

- **Sampling Frequency:** monthly, quarterly, not sampling, NA (*do not do OB*);

- **Sample size**
Exclusion Counts

• Population exclusions (must submit count by category):
  - ICD-9-CM Principal or other dx code possibly justifying elective (medically indicated) delivery prior to 39 weeks (Table 11.07)
  - Patient enrolled in clinical trial
  - Prior uterine surgery
  - Gestational age < 37 or ≥ 39 weeks
CMS PC 01 Aggregate Count Requirements

- Numerator Population
  - Elective Deliveries $\geq 37$ and $< 39$ completed weeks GA
  - Medical induction or C-section while not in labor or experiencing spontaneous rupture of membranes

- Denominator Population
  - $\geq 37$ and $< 39$ completed weeks GA
  - Includes planned C-sections who go into labor
PC-01 – Prior uterine surgeries:

- Prior classical cesarean section
- Prior myomectomy
- Prior uterine surgery resulting in a perforation of the uterus
- History of a uterine window noted during prior uterine surgery
- History of a uterine rupture requiring surgical repair

PC-01 – “Active Labor” has been changed to Labor
**NPIC/QAS Data Submission Timeline**

- Collect data monthly; within 6 weeks after the close of the month

- NPIC/QAS runs the initial population sampling and prefill the web-based tool with cases identified for your sample within two weeks of your monthly submission; notify hospital the tool is ready for abstraction

- As monthly cases are abstracted they can be submitted to NPIC/QAS when completed – rolling submission
**PC 01 NPIC/QAS Process**

1. Hospital uploads electronic file * to NPIC/QAS monthly
2. NPIC/QAS defines initial population; 100% of cases or sample
3. NPIC/QAS excludes medically indicated** and loads remaining cases into web-based data collection tool
4. Hospital confirms clinical trial, prior uterine surgery, GA, labor or SROM (web-tool uses skip logic) then notifies NPIC/QAS when abstraction is complete (via web-tool)
5. Review summary report from NPIC/QAS; Submit counts to QNET (hospital or NPIC/QAS)

---

* Discharge / UB 04 file format       **  Joint Commission Manual Table 11.07
### Sample Output Report

#### CMS Submission

**Perinatal Care Measure - PC-01: Elective Delivery**

**Data Period:** Quarter: 1, CY 2013 (01/01/2013 - 03/31/2013)

---

**NPIC ID:** Sample

<table>
<thead>
<tr>
<th>Year: 2013</th>
<th>Month</th>
<th>Initial ICD Population Size</th>
<th>Sample Size</th>
<th>Diagnosis Code for Elective Delivery</th>
<th>Enrolled in a Clinical Trial</th>
<th>Prior Uterine Surgery</th>
<th>Gestational Age &lt; 37 or ≥ 39 Weeks</th>
<th>Total Exclusions</th>
<th>Rate Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>January</td>
<td>96</td>
<td>28</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>February</td>
<td>99</td>
<td>28</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>March</td>
<td>89</td>
<td>28</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Quarter</td>
<td>284</td>
<td>84</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>44</td>
<td>69</td>
<td>15</td>
</tr>
</tbody>
</table>

**16041 (PC-01) Elective Delivery**

- **January:** Numerator = 6, Denominator = 0, Rate = 0.0000
- **February:** Numerator = 4, Denominator = 0, Rate = 0.2500
- **March:** Numerator = 5, Denominator = 0, Rate = 0.0000
- **Quarter:** Numerator = 15, Denominator = 0, Rate = 0.0667
# Sample Output Report

## National Perinatal Information Center/Quality Analytic Services

**PC Measures Case Lists Displaying Category Assignments**

All Sampled Cases for PC-01 - Elective Delivery

**Rundate:** 03/06/2013

**Data Period:** 02/01/2013 - 02/29/2013

### Hospital ID:

<table>
<thead>
<tr>
<th>MRN</th>
<th>BILL</th>
<th>Adate</th>
<th>Ddate</th>
<th>Category</th>
<th>Assignment Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>01/30/2013</td>
<td>02/01/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to Gestage &lt; 37 or &gt;= 39</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>01/31/2013</td>
<td>02/02/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to Gestage &lt; 37 or &gt;= 39</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>01/29/2013</td>
<td>02/02/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to DX code on 11.07: Conditions Justifying Elective Delivery</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/06/2013</td>
<td>02/08/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to Gestage &lt; 37 or &gt;= 39</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/04/2013</td>
<td>02/09/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to DX code on 11.07: Conditions Justifying Elective Delivery</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/08/2013</td>
<td>02/10/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to DX code on 11.07: Conditions Justifying Elective Delivery</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/09/2013</td>
<td>02/11/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to Gestage &lt; 37 or &gt;= 39</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/09/2013</td>
<td>02/11/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to Gestage &lt; 37 or &gt;= 39</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/10/2013</td>
<td>02/12/2013</td>
<td>PC-01:D</td>
<td>Denominator case due to no Cesarean Section codes on Table 11.06</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/08/2013</td>
<td>02/12/2013</td>
<td>PC-01:B</td>
<td>Not in Measure Population due to Gestage &lt; 37 or &gt;= 39</td>
</tr>
<tr>
<td>XXXXXXXXXXXX</td>
<td>XXXXXXXXXX</td>
<td>02/09/2013</td>
<td>02/13/2013</td>
<td>PC-01:E</td>
<td>Numerator case - Elective delivery</td>
</tr>
</tbody>
</table>
The Joint Commission
PC Core Measure Set Requirement

Starting with 2014 discharges, mandatory for hospitals with ≥ 1,100 deliveries annually
TJC Version 2013A Specification Updates

PC-03 – Antenatal Steroid Therapy Initiated; documentation of full course no longer required

PC-04 – Health Care Associated Blood Stream Infections in Newborns - Hospitals will still report data to vendor/TJC. TJC suspending use of data for 3Q12-2Q13; rates will NOT appear in data quality report

PC-05 – Exclusive Breast Milk Feeding - Newborn MUST be admitted to the NICU for critical care services in order to be excluded from the measure

PC-05a – Exclusive Breast Milk Feeding Considering Mothers Choice - Second rate, subset of first, excluding those whose mothers chose not to breast feed
Joint Commission PC Set Process

1. Hospital uploads electronic file* to NPIC/QAS monthly
2. NPIC/QAS defines initial population; 100% of cases or sample
3. NPIC/QAS loads maternal and neonatal cases into web-based tool
4. Hospital confirms accuracy of pre-populated data; performs required case abstraction **

* Discharge / UB 04 file format:  ** Web-based Tool uses skip logic
Joint Commission PC Set Process
(Continued…)

Hospital notifies NPIC/QAS when abstraction is complete (via web-tool)

NPIC/QAS runs rate reports / measures category case lists

Hospital reviews / corrects data, if necessary / signs off on final report

NPIC/QAS transmits quarterly data to TJC
NPIC/QAS
PC 01 / PC Measure Set
Web-based Tool

Sample Screen Shots
LOGIN: PERINATAL CARE DATA COLLECTION

User ID:

Password:

Submit

Forgot your Password? Call NPIC/QAS at 401-274-0650.

Statement of Confidentiality

Data and information available on NPIC/QAS “Member Only” sites is intended for the exclusive use of NPIC/QAS and its' members and clients and may NOT be distributed or shared without permission. Your use of any of the NPIC/QAS member websites affirms your agreement to be bound by the terms of this statement. Please send questions or comments to PC_Measures@npic.org. Thank you.

© NPIC/QAS 2012
Welcome Jerry White

The Perinatal Care Data Collection tool is designed to assist with the process of medical record abstraction to meet the reporting requirements of The Joint Commission Perinatal Care (PC) measures.

If you have any questions or concerns, please contact NPIC/QAS by email or call (401) 274-0650.
### Abstract Case Data

#### Maternal Case

**Demographics**
- Medical Record Number: 0000000012
- Patient Account Number: 0000000012
  - Date of Birth: 02/10/1983
  - Sex: Female
  - Admission Date: 12/29/2012
  - Discharge Date: 01/02/2013

#### Diagnosis Codes
- Principal Diagnosis Code: 654.21
- Other Diagnosis #01: 656.11
- Other Diagnosis #02: V15.81
- Other Diagnosis #03: V27.0
ABSTRACT CASE DATA

1. Race:
   Race was inferred from NPIC/QAS data. Please verify and click on the drop-down to confirm.

   1 - White: Patient's race is White or the patient had documentation.

2. Hispanic Ethnicity: Is the patient of Hispanic ethnicity or Latino?
   Ethnicity is a required entry.
   -

Clinical Information
(Fields in gray are not required due to skip logic)

3. Clinical Trial: During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied?
   No - No documentation/Unable to determine

4. Prior Uterine Surgery: Is there documentation that the patient had undergone prior uterine surgery?

5. Gestational Age: How many weeks of gestation were completed at the time of delivery?

6. Labor: Is there documentation by the clinician that the patient was in labor?

Not Required for CMS PC 01
Data Element Name: Prior Uterine Surgery
Collected For: PC-01, Joint Commission Only
Definition: Documentation that the patient had undergone prior uterine surgery.
Suggested Data Collection Question: Is there documentation that the patient had undergone prior uterine surgery?

Format: Length: 1
   Type: Alphanumeric
   Occurs: 1

Allowable Values: Y (Yes) The medical record contains documentation that the patient had undergone prior uterine surgery.
   N (No) The medical record does not contain documentation that the patient had undergone a prior uterine surgery OR unable to determine from medical record documentation.

Notes for Abstraction:

Suggested Data Sources: History and physical
   Progress notes
   Prenatal forms
   Nursing admission assessment
   Physician’s notes

Additional Notes:

Guidelines for Abstraction:

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The only prior uterine surgeries considered for the purposes of the measure are:</td>
<td></td>
</tr>
<tr>
<td>• Prior classical cesarean section</td>
<td></td>
</tr>
<tr>
<td>• Prior myomectomy</td>
<td></td>
</tr>
<tr>
<td>• Prior uterine surgery resulting in a perforation of the uterus</td>
<td></td>
</tr>
<tr>
<td>• History of a uterine window noted during prior uterine surgery</td>
<td></td>
</tr>
<tr>
<td>• History of a uterine rupture requiring surgical repair</td>
<td></td>
</tr>
</tbody>
</table>
**Abstract Case Data**

- **Spontaneous Rupture of Membranes:** Is there documentation that the patient had spontaneous rupture of membranes before medical induction and/or cesarean section?

- **Antenatal Steroid Therapy Initiated:** Is there documentation that antenatal steroid therapy was initiated before delivery?

- **Reason for NOT Initiating Antenatal Steroid Therapy:** Is there documentation in the medical record of reasons for NOT initiating antenatal steroid therapy before delivery?

- **Parity:** How many deliveries did the patient experience prior to the current hospitalization?

- **Payment Source:**
  
  2 = Source of payment is Non-Medicare

**Additional Data Record Information**

- **Last Update:** 03-05-2013

- **Last Abstractor:**

**Validate Case Data**

--- This record is not complete. You must successfully validate the data before saving will be allowed. ---
Welcome Jerry White

The Perinatal Care Data Collection tool is designed to assist with the process of medical record abstraction to meet the reporting requirements of The Joint Commission Perinatal Care (PC) measures.

If you have any questions or concerns, please contact NPIC/QAS by email or call (401) 274-0650.
CMS PC 01
TJC PC Core Measure Set
Submission Options

With or without membership
NPIC/QAS CMS Submission Options

• **Members** currently using NPIC/QAS as their TJC vendor for the PC core measures only have to authorize us to submit to QNet for your hospital

• **Members** not using NPIC/QAS as their TJC vendor may elect to use us; your quarterly data submission file will serve as the source of your initial patient population sampling to preload our web based data abstraction tool

• **Non-members** will have to contract with us for CMS PC 01/TJC PC set data submission services (can elect to become members)
Membership Benefits

• Quarterly comparative benchmarking reports on your perinatal data compared to a peer subgroup and data base (volume, utilization, quality indicators, linked mother-baby analyses; sample at www.npic.org)

• Quarterly special analyses on perinatal “hot topics”

• Free CME/CEU webinar participation

• Discounted prices on customized reports

• Discounts for multiple system hospital membership

• Opportunities to participate in cross-site research/QI collaborative
Next Steps: Non-members

PC 01 Only and/or PC Set

- Sign BAA; Data Sharing Agreement and contract Addendum
- Arrange for submission of monthly data files; identify source of files, and key contact for data abstraction
- Attend web-tool demonstration webinar
Next Steps: Members not using NPIC/QAS for their Joint Commission submission

**PC 01 Only and/or PC Set**

- Sign contract Addendum
- Arrange for monthly submission of data files; identify key contact for data abstraction
- Attend Tool demonstration webinar

*Pricing for all CMS and TJC services is available upon request*
Questions / Comments

For More Information About Membership
Visit Our Website: www.npic.org

Interested in an interactive demonstration?
E-mail PC_Measures@npic.org
to schedule your team’s demonstration.

Thank you!

Comparing Data, Improving Quality, Driving Value