# The Oregon Maternal Data Center (OMDC)

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# Housekeeping Notes

- Phone lines are open.  Please place your line on mute until speaking.

- You are free to ask questions at any time.  If you prefer, you can type questions in the questions box on your screen.

- Use the chat feature to alert us to any technical difficulties.

- We will monitor both questions and chat features throughout the webinar.

# Q Corp Updates

- Q Corp-CMQCC executed Service Agreement for OMDC Pilot Phase

- On track to launch March 31!  Hospital participation agreements & invoicing currently underway

- All materials *(data specs, legal agreements, other)* are posted at:

<p align="center"><a href="http://www.q-corp.org/omdc">http://www.q-corp.org/omdc</a></p>

# Data Files

Three Required Data Files

❖Patient Discharge Data

❖Core Maternal Clinical File

❖Core Newborn Clinical File

-Comma-Delimited Flat File Format (CSV) with all data elements for each case in a single row.  (NO set field lengths.)

-Submit based on discharge date—for <u>all</u> file types

-Use MDC-designated column headers

-Detailed Data Specifications and CSV File Template- available at http://www.q-corp.org/omdc

-Core Files to include ALL required data elements

# Population to Pull

- Currently: Focus on <u>delivery-related</u> hospitalizations for both mothers and newborns

- Discharge File
  - ☐ Option 1: Use ICD-9 codes in OMDC Data Specifications: Section A to filter on hospital end
  - ☐ Option 2: Include *all* discharges and CMQCC will filter as your data is imported
  - ☐ *NOTE: Will transition to ICD-10 with October 2015 data*
    - ▪ *Any early transitions?*

- Clinical Files
  - ☐ Submit only delivery-related mother and newborn records (not antepartum or postpartum records)

# Patient Discharge Data (PDD)

- Subset of the data elements hospitals submit to OAHHS

| | |
|---|---|
| Facility ID (NPI) | ICD-9 Diagnosis and Procedure Codes (all) |
| Date of Birth | Dates of Service |
| Patient Zip Code | Admission and Discharge Dates & Times |
| Race/Ethnicity | Revenue Codes and Service Units |
| Admission Source | Payer Information |
| Discharge Status | MRN or Patient Account Number (to be encrypted by MDC) |

- *See detailed data specifications at:*

**http://www.q-corp.org/omdc**

# Core Clinical Files

## Required Data Elements

## Core Maternal Clinical File

- Maternal Medical Record Number
- Discharge Date
- Maternal Date of Birth
- Parity
- Gestational Age-Weeks
- **NPI of Delivering Provider**

## Core Newborn Clinical File

- Newborn Medical Record Number
- Newborn Discharge Date
- Newborn Date of Birth
- **Maternal Medical Record Number**
- Birthweight
- 5 Minute Apgar Score

- Clinical files also submitted based on <u>discharge date</u>.

*See detailed data specifications at:*

# http://www.q-corp.org/omdc

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# Issues Related to Provider Attribution

- Lots of interest in this issue from OPC Data Subcommittee and OMDC participating pilot hospitals

- CMQCC launching a new Provider Attribution feature to begin to address the issue

- OPC Data Subcommittee discussed feature at Feb 19 meeting and made suggestions to CMQCC

- CMQCC will continue to work with OPC suggestions as refinements are made to the Provider Attribution feature

- No data specification changes recommended for OMDC Pilot Phase but participating hospitals can analyze provider metrics data and re-attribution use to inform specifications for next phase

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# OPC Data Subcommittee Provider Attribution Feedback *(from Feb 19, 2015 meeting)*

- Desire for group-level reporting
  - ☐ On CMQCC's development list for Fall 2015!
  - ☐ Examining practice/coverage group metrics and organized medical group reporting
- Suggested modifications to CMQCC's re-attribution feature
  - ☐ For example: add field for "Labor care by other ObGyn"
- Suggested revisions to Delivering Provider metrics attribution
  - ☐ To account for shared care of patient (e.g., Attending and Delivering providers)
  - ☐ Recommendation: To be covered by re-attribution feature in the pilot phase and practice/coverage group reporting in the future

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# OPC Data Subcommittee Provider Attribution Feedback *(from Feb 19, 2015 meeting)*

- Suggested revising provider fields to capture Admitting, Primary Ob, Delivering Provider NPIs
  - ☐ Existing provider fields are automated in hospital discharge data set— difficult to change
  - ☐ Could include new fields in Core Maternal File but metrics still calculated on Delivering Provider NPI (could revise in future phases)
  - ☐ Recommendation:
    - For the OMDC pilot phase, use Delivering Provider metrics as is and the re-attribution feature to gain experience w/ the tool and data
    - Examine new, group-level reporting feature when available
    - Consider revising Core Maternal file post-pilot phase for additional provider metrics reporting

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# OPTIONAL Supplemental Clinical Data

## Maternal File

- MRN
- Date of Discharge
- Gestational Age-Days
- Number of Maternal ICU Days
- Blood Products Transfused (RBC, FFP, PP, Cryo)
- Labor
- Spontaneous Rupture of Membranes
- Prior Uterine Surgery
- Antenatal Steroid Therapy Initiated
- Reason for Not Initiating ANS Therapy
- DVT Prophylaxis - C-Section
- Sample Flag for Joint Commission PC-01
- Sample Flag for Joint Commission PC-02
- Sample Flag for Joint Commission PC-03
- Provider ID: Delivering Provider
- Maternal Diagnosis Codes (for corrections to PDD)
- Maternal Procedure Codes (for corrections to PDD)
- Patient Height-Feet
- Patient Height-Inches
- Patient Pre-Pregnancy Weight

## Newborn File

- MRN
- Date of Discharge
- 10 Minute Apgar Score
- Bloodstream Infection Present on Admission
- NICU Admission
- Exclusive Breast Milk Feeding
- Reason for Not Exclusively Breastfeeding
- Bilirubin Screen:
- Bilirubin Screen: Parental refusal to test
- Sample Flag for Joint Commission PC-05
- Sample Flag for Leapfrog Bilirubin Measure
- Newborn Diagnosis Codes
- Newborn Procedure Codes

Hospital choice: Number of supplemental files submitted, the choice of fields and the timing of the submission

# Why Submit OPTIONAL Fields?

Optional fields may be derived from internal systems (e.g., EMR, core measure vendor system) and might be used to:

- Correct data already in the MDC system from your original file submissions

- Pre-populate the "chart-review" data elements (e.g., labor, SROM or Prior Uterine Surgery) in the MDC system.

- Support calculation of additional metrics (e.g., OB hemorrhage, PC-05)

*See Data Specifications at:*

**http://www.q-corp.org/omdc**

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| | Measure | PDD and Core Clinical Data | PDD and Core Clinical Data and Supplemental Data |
|---|---|---|---|
| **Clinical Quality** | Elective Delivery <39 Weeks (PC-01, CMS IQR, HEN, LF)* | | ✓ |
| | Episiotomy Rate (NQF, LF) | ✓ | |
| | Cesarean Section—Nulliparous, Term, Singleton, Vertex (PC-02, LF, RM) | ✓ | |
| | Cesarean Section—Nulliparous, Term, Singleton, Vertex, Age Adj. | ✓ | |
| | Cesarean Section—Term, Singleton, Vertex (AHRQ IQI 21) | ✓ | |
| | Cesarean Section-Primary (Standard) | ✓ | |
| | Cesarean Rate—Total | ✓ | |
| | Exclusive Breastfeeding (PC-05 and PC-05a)* | | ✓ |
| | Induction Rate | ✓ | |
| | Failed Induction Rate | ✓ | |
| | Appropriate DVT Prophylaxis in Women Undergoing C-Section (LF)* | | ✓ |
| | Operative Vaginal Delivery (RM) | ✓ | |
| | 3rd/4th Laceration-All Vaginal Deliveries | ✓ | |
| | 3rd/4th Laceration-Vaginal Delivery w/ Instrument (AHRQ PSI 18) | ✓ | |
| | 3rd/4th Laceration-Vaginal Delivery w/o Instrument (AHRQ PSI 19) | ✓ | |
| | Vaginal Birth After Cesarean (VBAC), (AHRQ IQI 34 and IQI 22) | ✓ | |
| | Newborn Bilirubin Screening Prior to Discharge (LF)* | | ✓ |
| | 5 Minute APGAR <7 Among All Deliveries >39 weeks | ✓ | |
| | 5 Minute APGAR <7 in Early Term Newborns | ✓ | |
| | Birth Trauma - Injury to Neonate (AHRQ PSI 17) | ✓ | |
| | Unexpected Newborn Complications (NQF, RM) | ✓ | |
| | Antenatal Steroids (PC-03, LF)* | | ✓ |
| | VLBW (<1500g) NOT delivered at a Level III NICU (NQF) | ✓ | |
| | OB-Hemorrhage: Total Transfusions (HEN, RM)* | | ✓ |
| | OB-Hemorrhage: Massive Transfusions (HEN, RM)* | | ✓ |
| | OB-Hemorrhage Risk Assessment on Admission* | | ✓ |
| | Timely Treatment for Severe HTN (HEN)* | | ✓ |
| | Pre-eclampsia: ICU Days (HEN)* | If revenue codes included | ✓ |
| | Pre-eclampsia: ICU Admissions (HEN)* | If revenue codes included | ✓ |
| **Data Quality[1]** | Missing / Inconsistent Birth Weight (among <2500g) | ✓ | |
| | Missing / Inconsistent Gestational Age (among <37w) | ✓ | |
| | Missing / Inconsistent Transfusion Coding* | | ✓ |
| | ICU Admission Rate among Severe Morbidity Cases | ✓ | |
| | Missing 5 Minute APGAR in Newborn Clinical Files | ✓ | |
| | Unlinked Mothers | ✓ | |
| | Missing GA in Maternal Clinical Files | ✓ | |
| | Missing Parity in Maternal Clinical Files | ✓ | |

# Data Submission Timing

- Data specifications now available on Q Corp website

- Recommendation: Retrospective to January 2013 (<u>Option</u> to submit back to January 2011 if hospital chooses)

- Submit on monthly basis--45 days after the end of each reporting month

  ➤ Wait <u>at least</u> 45 days to ensure coding is complete and all records are included in the submission!

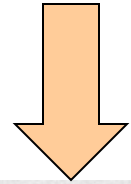- Submit complete set of records for each month based <u>on discharge date</u>

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# Data Submission Process

- Create "Test" Data file, including 2-3 months of data: target date of 3/31/15

- All data submissions made via the MDC's secure web-based tool housed on Stanford servers.

- MDC site requires hospital registration

- Once legal agreement signed and test file ready, contact Anne Castles to initiate registration. Provide:

  - Contact information (including e-mail address) for *Primary MDC Administrator* for the hospital—the individual who will register the hospital and has the authority to add other hospital users.

  - Planned date of submission

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# Uploading Data Files

- Data submitter to register in MDC and submit files

# Uploading Data Files

- Follow Steps 1-3 for Uploading Files
- Option to upload supplemental data (for corrections/new fields) as you like

## Data Status

| | | | | | Upload Supplemental Data |

**Step 1**
Upload Discharge Data

**Step 2**
Upload Core Maternal Clinical Data

**Step 3**
Upload Core Newborn Clinical Data

**Step 4**
Complete Chart Review Below

| | December '13 | January '14 | February '14 | March '14 | April '14 |
|---|---|---|---|---|---|
| **Discharge Data** | ✓ Complete | ✓ Complete | ✓ Complete | ✓ Complete | |
| **Maternal Core Clinical Data** | ✓ Complete | ✓ Complete | ✓ Complete | ✓ Complete | |
| **Newborn Core Clinical Data** | ✓ Complete | ✓ Complete | ✓ Complete | ✓ Complete | |
| **Elective Delivery** | ✓ Complete | ✓ Complete | ✓ Complete | ⚠ Action Needed | |

# File Error Check: Duplicate Records

- "Duplicate" records: two records with same Case ID; both have at least one delivery-related ICD-9 code—one of which is usually erroneous.
- Upon file submission, MDC displays "duplicates" --prior to accepting file!
- Identify the records to keep and click "Keep these cases"

# Automated Error Checks

To be accepted, files must meet following criteria:

- At least one discharge record in the first X days and one discharge record in the last X days of the month (X based on hospital delivery volume)
- All PDD records to include a principal diagnosis code
- Facility ID included (NPI) and matches that provided to Q Corp
- All required fields included
- All records include values for: Facility ID, Principal Dx, DOB, Admission and Discharge Dates
- File includes MDC-designated column headers
- ICD-9 codes includes "periods" after 2nd/3rd digit (e.g. 74.1) OR file verified to contain leading zeros (by looking at dates)
- Valid ICD-9 codes
- Valid race/ethnicity codes
- Date fields must be recognizable as dates
- A record cannot meet both newborn and maternal case criteria (cannot have ICD-9 codes associated with both newborns and mothers)
- At least 10% of maternal clinical cases have parity=0

# Completeness Checks

- **Linkage Statistics**
  - Hospital encouraged to review "linkage statistics" once file processed

- **CMQCC Evaluation**
  - Evaluate for completeness and accuracy and notify hospital of next steps (i.e. fix specific issues or move forward with full data submission)

- **Post-Submission, hospital can:**
  - Make manual data entries
  - Edit specific cases
  - Submit supplemental data files

# After Submission

- Once all retrospective data uploaded, CMQCC will schedule 1.5 hour webinar training session with each hospital team

- Quarterly User Group Meetings

- Technical Support upon request!

# Questions?

# Participation Steps

| What? | When? |
|---|---|
| Participation Agreement, BAA and Enrollment Fees<br>▪ Between Hospital, Q Corp and CMQCC<br>▪ Hospital enrollment fees paid to Q Corp | Available at<br>http://www.q-corp.org/omdc<br>Will also be e-mailed with instructions for executing |
| Data File Creation<br>▪ Discharge Data File<br>  o Mimics what hospital already reports<br>▪ Maternal and Newborn Clinical Files<br>  o GA, Parity, Birthweight, Apgar Score | Available at<br>http://www.q-corp.org/omdc |
| ▪ Webinar to review registration, file upload steps | March 18, 2015: 11-12:30 |
| Hospital Registration in MDC<br>▪ 5-minute process! | Target: March 31, 2015 |
| First Data Submission<br>▪ Start with 3 months of baseline data | Target: March 31, 2015, rolling basis |
| CMQCC Training for your Hospital Team | Post data submission |

# Next Steps

- Reminder: All materials *(data specs, legal agreements, timelines)* available at: http://www.q-corp.org/omdc

- Next Webinar: Preparing for Registration & First Data Submission: March 18, 11:00am-12:30pm

- Questions? Liz Whitworth, Program Consultant, @ whitworth42@gmail.com

# Thank you!