

Early Elective Delivery (NQF 0469)

Measure Basic Information

Name and date of specifications used¹: The steward of the elective delivery metric is The Joint Commission. PC-01 is part of the Joint Commission’s core measure set, which was released in 2009 and became available for selection by hospitals beginning with April 1, 2010 discharges. The Joint Commission requires hospitals to choose a minimum of 4 out of the 11 core measure sets, thus hospitals have not been required to choose the perinatal core measures.

However, CMS began encouraging voluntary reports on Early Elective Deliveries starting January 1, 2013 through various initiatives, and starting in January of 2014, all hospitals with 1,100 deliveries per year or more (regardless of payer) were required to report on this measure set to The Joint Commission.

OHA developed the approach for this measure based on the early elective delivery rates that Oregon hospitals calculated for The Joint Commission or CMS.

URL of Specifications: <https://manual.jointcommission.org/releases/TJC2015B2/MIF0166.html>

Measure Type:

HEDIS PQI Survey Other Specify: OHA developed, based on The Joint Commission

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance
Other Specify:

Data Source: MMIS/DSSURS, Vital Records, hospital rates calculated by The Joint Commission, CMS, or other oversight / review entity.

It is usually not possible to use administrative data to determine whether labor was spontaneous or induced, and whether ruptured membranes were spontaneous or done by the provider. Therefore, hospitals that have been reporting this rate to CMS or The Joint Commission have been required to conduct manual chart reviews in order to determine their rates.

In determining the 2011 baseline for this measure, OHA was not able to adequately estimate elective delivery rates using vital records (birth certificate data) combined with administrative data. Pairing Medicaid data with vital records improved the measure because birth certificate information contains obstetric gestation age; however, events such as spontaneous labor and premature rupture of membranes could not be excluded from the measure.

Measurement Period: January 1, 2016 – December 31, 2016

2013 Benchmark: 5% or below; from Measures and Scoring Committee consensus

2014 Benchmark: 5% or below; from Measures and Scoring Committee consensus

¹ *Measure specification sheet content adapted from Health Share’s Early Elective Delivery Metric summary sheet.*

2015 Benchmark: 5% or below.

2016 Benchmark: 5% or below.

Note this measure is no longer a CCO incentive measure; however, OHA will continue to monitor and report on performance through 2017.

Measure Changes in specifications: No change.

Note the measure specifications from The Joint Commission is updated to version 2015B2 to include the ICD-10 diagnosis and procedure codes, and there are no additional changes from the previously referenced 2013 version.

Denied claims: Included Not included

Member type: CCO A CCO B CCO G

Measure Details

Approach

The following modified approach was approved by the Metrics & Scoring Committee in August 2013; and adopted for 2014 in November 2013. Though Early Elective Delivery is not a 2016 CCO incentive measure, OHA will continue using this approach.

To determine early elective delivery rates at the CCO level, OHA will:

- (1) Determine the number of women who delivered between 37 and 39 weeks for each CCO.
- (2) Categorized this data by birthing hospitals within each CCO.
- (3) Apply each hospital's overall rate for Early Elective Deliveries as they reported it to The Joint Commission or CMS to the number of births for that hospital for the measurement year, creating a weighted average for each CCO.

If the hospital did not report a rate to either The Joint Commission or CMS for the measurement year, OHA will assume that the hospital's rate was equivalent to the state average and apply the state average to deliveries at those facilities when calculating the weighted average.

Example

ACME CCO has 1,700 early term births in the measurement year at multiple facilities. 500 of the deliveries were at hospital A, 700 were at hospital B, and 500 occurred at other facilities. Hospitals A and B reported early elective delivery rates to The Joint Commission in the measurement year, but none of the other facilities did.

Apply The Joint Commission elective delivery rates for each hospital that reported:

- Hospital A: 500 deliveries * 3.9% = 19.5
- Hospital B: 700 deliveries * 16.7% = 117

Apply the state average for facilities that did not report:

- Other facilities: 500 deliveries * state average (assuming 12 percent) = 60

Determine weighted average for ACME CCO:

$$19.5 + 117 + 60 = 196.5$$

$$196.5 / 1,700 \text{ births} = 11.6 \text{ percent.}$$

Note: These numbers are Medicaid births that occurred between 37 and 39 weeks at each hospital and the proportion that are elective. These numbers do not reflect all births, or all early births, or all elective births. This model assumes that women on Medicaid had the same rates of early elective delivery as all other patients in the hospital. This model does not use the hospital's overall elective delivery rate: elective deliveries at 39 weeks or more are not included in this measurement strategy and are not the focus of this measure.

Specifications

Data elements required denominator: Medicaid and CHIP enrollees delivering newborns with ≥ 37 and < 39 weeks of gestation completed. Gestation information comes from an OHA dataset which merges Medicaid claims with birth data from Vital Record.

Required exclusions for denominator: No exclusions listed under Table 11.07 were included, except for multiple births and births with gestation other than 37 or 38 weeks.

http://manual.jointcommission.org/releases/TJC2013A/AppendixATJC.html#Table_Number_11_07_Conditions_Po

CAWEM births and those births with limited Medicaid benefits were also excluded.

Deviations from cited specifications for denominator: No exclusions listed under Table 11.07 were included, except for multiple births and births with gestation other than 37 or 38 weeks. OHA is applying early elective delivery rates derived from TJC specifications to each delivery to create a weighted average for each CCO.

Data elements required numerator: OHA used the hospital provided rates to produce a weighted average for each CCO based on the number of births between 37-39 weeks by hospital for each CCO and the state average. In cases where there was no facility rate calculated, OHA substituted the state average. Rates provided by hospitals were calculated following The Joint Commission specifications referenced above.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: OHA relies on the early elective delivery rates calculated at the hospital level to have applied the appropriate exclusions and then the medically justifiable inductions.

What are the continuous enrollment criteria: None.

What are allowable gaps in enrollment: None.

Define Anchor Date (if applicable): Estimated Date of Delivery (EDD). This is the date used to attribute deliveries to each CCO.

Note: Identification of gestational age in relation to estimated date of delivery (EDD) in administrative data is difficult. Administratively, there is a reliable source for the delivery date: a child's birthdate. If there was no connecting delivery and birthdate found in claims, the claims service date was used to

estimate EDD. If there are hospitalization claims and outpatient claims, hospital claims were used to estimate EDD.

Explanation of Exclusions and Deviations

List other required exclusions and or deviations from cited specifications not already indicated:

- The rates obtained from hospitals / facilities are all-payer rates, not Medicaid/CHIP specific rates.
- Not all facilities have data collected and are able to report publically on early elective delivery. For large facilities, rates may be calculated based on a sample. Clarification is needed about whether cases of deliveries with ICD-9 diagnosis codes 649.81 or 649.82, or ICD-10 diagnosis code O75.82 are included in each facility's numerator².
- In some cases, a woman had service dates that were far apart. If claims show services provided more than 180 days apart, it could be evidence of two different deliveries. The earliest date was used as the first delivery date and the latest date was used as the second delivery date. However, during the merging process with birth files, some suspected deliveries were not confirmed by birth registry and therefore eliminated for analysis. The final set of deliveries used for analysis was the overlapping part, in both claims and birth registry files.

² Resource for The Joint Commission Specification code table:
<https://manual.jointcommission.org/releases/TJC2015B2/AppendixATJC.html>