



Maternity Care Primary C-Section Rate 2011-2012

Measure Specifications

May 2011

MNCM Measure	Maternity Care Summary Data Submission Measure: Primary C-Section Rate
Description	Primary c-section rate (percentage of cesarean deliveries for first births)
Methodology	<p>Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. Data is submitted via the summary data submission process using MNMCM's portal to upload data files.</p> <p>Full population data is required. One row of data will be equal to one delivery, to be inclusive of all live, singleton deliveries performed by a medical group / clinic site.</p>
Rationale	<p>Safe and healthy pregnancies and births are a primary goal for society and particularly for expectant mothers and their families, healthcare providers, and payers. While most births are positive experiences with healthy outcomes, childbirth also brings substantial risks for both the mother and the infant.</p> <p>For consumers, Minnesota lacks publicly reported maternity measures to aid and inform decision making. Several other states have public reporting for maternity care measures, most commonly cesarean section (c-section) and vaginal birth after c-section delivery (VBAC) rates due to the high volume, high costs and increased morbidity associated with c-section procedures.</p> <p>Recently, new clinical guidelines offering more direction regarding the care and management of pregnant women and childbirth have been released along with new quality measures that can be used to highlight variation and underscore appropriate maternal care.</p>
Measurement Period	Measurement period will be a fixed 12 month period. For the first data collection, data will be collected for dates of delivery July 1, 2011 – June 30, 2012. Medical groups will be requested to submit data to Minnesota Community Measurement beginning in July 2012.
Eligible deliveries for data submission	<p>Medical groups / clinics will be requested to submit data on all first birth deliveries that their providers perform between 07/01/2011 and 06/30/2012 to MN Community Measurement. All medical groups / clinics that have any providers who perform cesarean deliveries should submit data for this measure.</p> <p style="padding-left: 40px;">Eligible providers include: Physicians (MD and DO), Certified Nurse Midwives, and Certified Professional Midwives.</p> <p style="padding-left: 40px;">Eligible specialties include: Family Medicine, Internal Medicine, Obstetricians, Gynecologists, Perinatologists</p> <p>Medical groups will supply data for all of the first birth deliveries performed by their providers. If a medical group does a cesarean section or delivery on behalf of an outside provider, the medical group will supply the delivery data, but also provide data flagging this delivery as transferred and note the transferring provider or medical group. Additional instructions on how to identify and provide this information are in the <i>Field Specifications</i>.</p>
Denominator details for the Primary C-section Rate measure	<p>Denominator includes all live, singleton deliveries to nulliparous women performed by a medical group / clinic site:</p> <ul style="list-style-type: none"> • <u>Identify all nulliparous deliveries</u> – include all cesarean deliveries and all vaginal deliveries by your medical group / clinic site: <ul style="list-style-type: none"> ○ Can identify deliveries using ICD-9 codes – any code in 640-679 with a fifth-digit modifier of 1 (delivered, with or without mention of antepartum condition) or 2 (delivered, with mention of postpartum complication) only ○ Can also identify deliveries using CPT codes 59400 (routine care with vaginal



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	<p>delivery), 59409 (vaginal delivery only), 59410 (vaginal delivery only including postpartum care), 59510 (routine care with cesarean delivery), 59514 (cesarean delivery only), 59515 (cesarean delivery only including postpartum care)</p> <ul style="list-style-type: none"> ○ Can identify deliveries using an electronic medical record or chart • Include only <u>singleton</u> deliveries with one liveborn baby: <ul style="list-style-type: none"> ○ Can identify singleton deliveries using ICD-9 code V27.0 (single liveborn) • Supply a <u>nulliparous</u> flag (nulliparous women are women who are experiencing their first pregnancy and delivery) for all deliveries: <ul style="list-style-type: none"> ○ Medical groups / clinics will need to track and supply information about whether or not the delivery was for a woman in her first pregnancy either through medical codes or in the medical record. Use the following definition to identify nulliparous women: <p style="margin-left: 40px;">Nulliparous women should be identified as women who are at least at 22 weeks gestational age and who have not previously had a pregnancy of at least 22 weeks gestational age in the past.</p> ○ Note: There are ICD-9 codes that medical groups / clinics may use to identify nulliparous women if used consistently for all deliveries. <ul style="list-style-type: none"> ▪ V22.0 Supervision of normal first pregnancy ▪ V23.81 Other high-risk pregnancy; Elderly primigravida ▪ V23.83 Other high-risk pregnancy: Young primigravida
<p>Numerator details for the Primary C-section Rate measure</p>	<p>Numerator includes the number of live, singleton newborns from the denominator who were delivered via cesarean section. Includes codes for c-section births with a live, singleton outcome.</p> <ul style="list-style-type: none"> • The numerator will be a subset of women from the denominator who had a cesarean delivery <ul style="list-style-type: none"> ○ To identify cesarean deliveries you can use a medical record or electronic health record to determine delivery outcome ○ Can also identify cesarean deliveries using CPT codes 59510 (routine care with cesarean delivery), 59514 (cesarean delivery only), 59515 (cesarean delivery only including postpartum care) ○ Deliveries performed by your provider on behalf of an outside provider from an outside medical group will be flagged during data collection [Additional instructions on how to identify and provide this information are in the <i>Field Specifications</i>.]
<p>EXCLUSIONS</p>	<p>Appropriate exclusions for this measure are:</p> <ul style="list-style-type: none"> • Women with multiple gestation (ICD-9 codes 651.XX and V27.2-V27.7) • Women with a stillborn (ICD-9 codes 656.4X and V27.1)